

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - AGED

PA

	2,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2,296	39,022	\$	712,896.61	\$ 18.27	17.190	\$ 310.50	\$
@PHYSICIANS SERVICES	298	824	\$	13,796.04	\$ 16.74	.363	\$ 46.30	\$
OUTPATIENT VISITS	2	2		61.50	30.75	.001	30.75	
OFFICE VISITS	2	2		61.50	30.75	.001	30.75	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	1		2.80	2.80	.000	2.80	
RADIOLOGY	2	2		15.47	7.74	.001	7.74	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	296	819		13,716.27	16.75	.361	46.34	
@PHARMACY	1,634	21,542	\$	477,909.05	\$ 22.18	9.490	\$ 292.48	\$
PRESCRIPTION DRUGS	1,569	5,911		467,784.72	79.14	2.604	298.14	
SNF/ICF	32	250		15,463.78	61.86	.110	483.24	
OUTPATIENTS	1,540	5,661		452,320.94	79.90	2.494	293.71	
MEDICAL SUPPLIES	136	15,631		10,124.33	.65	6.886	74.44	
@DENTIST	20	44	\$	2,551.35	\$ 57.99	.019	\$ 127.57	\$
VISITS - DIAGNOSTIC	13	22		348.35	15.83	.010	26.80	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	4	12		190.00	15.83	.005	47.50	
PROSTHETICS	1	1		30.00	30.00	.000	30.00	
DENTURES, STAYPLATES	5	9		1,983.00	220.33	.004	396.60	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	

ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED					
	AID CODE 10					
					----- MONTHLY AVERAGE -	
2,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	41	120	\$ 2,260.50	\$ 18.84	.053	\$ 55.13
DIAGNOSTIC AND ANC. PROCED	10	18	427.05	23.73	.008	42.71
EYE APPLIANCES	37	96	1,736.52	18.09	.042	46.93
OTHER OPTOMETRIC SERVICES	3	6	96.93	16.16	.003	32.31
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.001	\$ 25.08
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	2	3	50.16	16.72	.001	25.08
@PODIATRIST	35	58	\$ 576.71	\$ 9.94	.026	\$ 16.48
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	35	58	576.71	9.94	.026	16.48
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00
@TOTAL HOSPITAL	205	434	\$ 62,855.74	\$ 144.83	.191	\$ 306.61
HOSP INPATIENT TOTAL	51	17	54,664.57	3215.56	.007	1071.85
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	4	17	26,388.94	1552.29	.007	6597.24
ACCOMMODATIONS	4	17	11,552.54	679.56	.007	2888.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	4	17	11,552.54	679.56	.007	2888.14
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10
INPATIENT CROSSOVERS	47	0	28,275.63	.00	.000	601.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	184	417	8,191.17	19.64	.184	44.52
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	184	417	8,191.17	19.64	.184	44.52
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED					AID CODE 10
2,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	205	434	\$ 62,855.74	\$ 144.83	.191	\$ 306.61
COMM HOSP INPATIENT TOTAL	51	17	54,664.57	3215.56	.007	1071.85
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	4	17	26,388.94	1552.29	.007	6597.24
ACCOMMODATIONS	4	17	11,552.54	679.56	.007	2888.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	4	17	11,552.54	679.56	.007	2888.14
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10
INPATIENT CROSSOVERS	47	0	28,275.63	.00	.000	601.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	184	417	8,191.17	19.64	.184	44.52
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	184	417	8,191.17	19.64	.184	44.52
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	40	723	\$ 111,528.25	\$ 154.26	.319	\$ 2788.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	40	723	111,528.25	154.26	.319	2788.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1	2	\$ 11.35	\$ 5.68	.001	\$ 11.35
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	1	2	11.35	5.68	.001	11.35
@ORGANIZED OUTPATIENT CLINIC	381	547	\$ 22,428.33	\$ 41.00	.241	\$ 58.87
CLINIC	1	1	79.78	79.78	.000	79.78
SURGICENTER	0	0	.00	.00	.000	.00

HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	380	546	22,348.55	40.93	.241	58.81

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MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - AGED      AID CODE 10

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
2,270 ELIGIBLES							
@ALL OTHER PROVIDERS	365	14,725	\$ 18,929.13	\$ 1.29	6.487	\$ 51.86	\$
DURABLE MED. EQUIP.	6	8	306.20	38.28	.004	51.03	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	13	319	910.16	2.85	.141	70.01	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	11	302	896.70	2.97	.133	81.52	
OTHER SERVICES	3	17	13.46	.79	.007	4.49	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	69	181	1,878.63	10.38	.080	27.23	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	3	4	1,082.51	270.63	.002	360.84	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	284	14,213	14,751.63	1.04	6.261	51.94	
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	\$
@XOVER EXCLUDING STATE HOSP**	744	8,030	\$ 89,820.39	\$ 11.19	3.537	\$ 120.73	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
271 ELIGIBLES							
@TOTAL, ALL PROVIDERS	275	10,361	\$ 124,270.67	\$ 11.99	38.232	\$ 451.89	\$
@PHYSICIANS SERVICES	48	114	\$ 3,284.57	\$ 28.81	.421	\$ 68.43	\$
OUTPATIENT VISITS	13	15	751.53	50.10	.055	57.81	
OFFICE VISITS	11	13	650.45	50.03	.048	59.13	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.004	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	

OTHER OUTPATIENT	1	1		32.73	32.73	.004	32.73	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2		851.26	425.63	.007	851.26	
PRINCIPAL SURGEON	1	1		709.38	709.38	.004	709.38	
ASSISTANT SURGEON	1	1		141.88	141.88	.004	141.88	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4		179.86	44.97	.015	44.97	
PRINCIPAL SURGEON	4	4		179.86	44.97	.015	44.97	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	2		78.60	39.30	.007	39.30	
RADIOLOGY	11	19		217.95	11.47	.070	19.81	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4		200.00	50.00	.015	200.00	
OTHER SERVICES/ALL X-OVERS	27	68		1,005.37	14.78	.251	37.24	
@PHARMACY	216	9,414	\$	77,427.77	\$ 8.22	34.738	\$ 358.46	\$
PRESCRIPTION DRUGS	194	696		70,487.32	101.27	2.568	363.34	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	194	696		70,487.32	101.27	2.568	363.34	
MEDICAL SUPPLIES	46	8,718		6,940.45	.80	32.170	150.88	
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND					AID CODE 20
271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	6	10	\$ 209.76	\$ 20.98	.037	\$ 34.96
DIAGNOSTIC AND ANC. PROCED	4	4	124.06	31.02	.015	31.02
EYE APPLIANCES	2	6	85.70	14.28	.022	42.85
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	3	4	\$ 65.55	\$ 16.39	.015	\$ 21.85
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	3	4	65.55	16.39	.015	21.85
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	2	10	\$ 197.70	\$ 19.77	.037	\$ 98.85
NURSE MIDWIFE	0	0	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00
@TOTAL HOSPITAL	35	177	\$ 25,064.01	\$ 141.60	.653	\$ 716.11
HOSP INPATIENT TOTAL	5	8	21,058.64	2632.33	.030	4211.73
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	3	8	20,144.24	2518.03	.030	6714.75
ACCOMMODATIONS	3	8	4,579.46	572.43	.030	1526.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	3	8	4,579.46	572.43	.030	1526.49
ANCILLARIES	3	0	15,564.78	.00	.000	5188.26
INPATIENT CROSSOVERS	2	0	914.40	.00	.000	457.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	32	169	4,005.37	23.70	.624	125.17
MEDICAL	13	15	809.48	53.97	.055	62.27
SURGERY	2	2	228.84	114.42	.007	114.42
PATHOLOGY	7	29	499.34	17.22	.107	71.33
RADIOLOGY	9	14	400.37	28.60	.052	44.49
ROOM USE	14	18	607.15	33.73	.066	43.37
CROSSOVERS/ALL OTH OUTPTNT	22	91	1,460.19	16.05	.336	66.37
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E
					PER ELIG      USER	
@COMMUNITY HOSPITAL TOTAL	35	177	\$ 25,064.01	\$ 141.60	.653      \$ 716.11	\$
COMM HOSP INPATIENT TOTAL	5	8	21,058.64	2632.33	.030      4211.73	
HSC HOSPITALS	0	0	.00	.00	.000      .00	
NON-HSC HOSPITALS TOTAL	3	8	20,144.24	2518.03	.030      6714.75	
ACCOMMODATIONS	3	8	4,579.46	572.43	.030      1526.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000      .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00	
ALL OTHER ACCOM	3	8	4,579.46	572.43	.030      1526.49	
ANCILLARIES	3	0	15,564.78	.00	.000      5188.26	
INPATIENT CROSSOVERS	2	0	914.40	.00	.000      457.20	
ALL OTHER INPATIENT	0	0	.00	.00	.000      .00	
COMM HOSP OUTPATIENT TOTAL	32	169	4,005.37	23.70	.624      125.17	
MEDICAL	13	15	809.48	53.97	.055      62.27	
SURGERY	2	2	228.84	114.42	.007      114.42	
PATHOLOGY	7	29	499.34	17.22	.107      71.33	
RADIOLOGY	9	14	400.37	28.60	.052      44.49	
ROOM USE	14	18	607.15	33.73	.066      43.37	
CROSSOVERS/ALL OTH OUTPTNT	22	91	1,460.19	16.05	.336      66.37	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000      \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000      .00	
DEVELOP. DISABLED	0	0	.00	.00	.000      .00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000      .00	
LEV B-REHAB MD	0	0	.00	.00	.000      .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000      .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000      .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00	
LEV B-REGULAR	0	0	.00	.00	.000      .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000      \$ .00	\$
ICF DDH	0	0	.00	.00	.000      .00	
ICF DD	0	0	.00	.00	.000      .00	
ICF DDN/DDCN	0	0	.00	.00	.000      .00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000      \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000      .00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000      .00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000      .00	
INDEPENDENT FACILITY	0	0	.00	.00	.000      .00	
@LABORATORY FACILITY	6	24	\$ 335.93	\$ 14.00	.089      \$ 55.99	\$

PATHOLOGY	6	24		335.93		14.00	.089	55.99	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	43	61	\$	4,709.44	\$	77.20	.225	109.52	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	43	61		4,709.44		77.20	.225	109.52	

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271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	37	547	\$ 12,975.94	\$ 23.72	2.018	\$ 350.70	\$
DURABLE MED. EQUIP.	5	21	8,437.10	401.77	.077	1687.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	400	618.10	1.55	1.476	206.03	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	400	618.10	1.55	1.476	206.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	4	16	252.47	15.78	.059	63.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	10	2,445.52	244.55	.037	815.17	
PROSTHETICS	3	10	2,445.52	244.55	.037	815.17	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	24	100	1,222.75	12.23	.369	50.95	
@CALIF. CHILDREN SERVICES*	23	758	\$ 17,132.53	\$ 22.60	2.797	\$ 744.89	\$
@XOVER EXCLUDING STATE HOSP**	60	3,061	\$ 6,056.66	\$ 1.98	11.295	\$ 100.94	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

22,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	23,009	468,774	\$ 13,521,727.17	\$ 28.84	20.823	\$ 587.67	\$
@PHYSICIANS SERVICES	4,502	11,309	\$ 425,532.45	\$ 37.63	.502	\$ 94.52	\$
OUTPATIENT VISITS	1,077	1,423	54,208.64	38.09	.063	50.33	



OFFICE VISITS	937	1,209		43,448.04	35.94	.054	46.37	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	113	141		8,376.26	59.41	.006	74.13	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	12	36		1,337.13	37.14	.002	111.43	
OTHER OUTPATIENT	34	37		1,047.21	28.30	.002	30.80	
INPATIENT VISITS	112	336		17,282.67	51.44	.015	154.31	
HOSPITAL VISITS	94	290		11,802.91	40.70	.013	125.56	
CRITICAL CARE	11	33		4,952.66	150.08	.001	450.24	
SNF/ICF/TRANS IP CARE	13	13		527.10	40.55	.001	40.55	
OPHTHALMOLOGICAL SERVICES	125	182		6,912.61	37.98	.008	55.30	
EXAMINATIONS	125	182		6,912.61	37.98	.008	55.30	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	114	683		59,915.40	87.72	.030	525.57	
PRINCIPAL SURGEON	79	126		48,949.92	388.49	.006	619.62	
ASSISTANT SURGEON	10	10		1,995.97	199.60	.000	199.60	
ANESTHESIOLOGIST	35	547		8,969.51	16.40	.024	256.27	
OUTPATIENT SURGERY	309	644		75,686.97	117.53	.029	244.94	
PRINCIPAL SURGEON	280	364		69,768.91	191.67	.016	249.17	
ASSISTANT SURGEON	2	2		136.64	68.32	.000	68.32	
ANESTHESIOLOGIST	33	278		5,781.42	20.80	.012	175.19	
DIALYSIS	13	34		3,379.34	99.39	.002	259.95	
PATHOLOGY	256	447		8,918.78	19.95	.020	34.84	
RADIOLOGY	1,996	3,520		94,214.80	26.77	.156	47.20	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	19	61		2,536.78	41.59	.003	133.51	
OTHER SERVICES/ALL X-OVERS	1,450	3,979		102,476.46	25.75	.177	70.67	
@PHARMACY	15,721	252,749	\$	6,923,428.15	\$ 27.39	11.227	\$ 440.39	\$
PRESCRIPTION DRUGS	15,139	64,345		6,755,595.73	104.99	2.858	446.24	
SNF/ICF	103	1,090		104,820.04	96.17	.048	1017.67	
OUTPATIENTS	15,039	63,255		6,650,775.69	105.14	2.810	442.24	
MEDICAL SUPPLIES	1,522	188,404		167,832.42	.89	8.369	110.27	
@DENTIST	238	1,078	\$	53,357.35	\$ 49.50	.048	\$ 224.19	\$
VISITS - DIAGNOSTIC	162	524		7,470.85	14.26	.023	46.12	
ORAL SURGERY	46	321		17,091.00	53.24	.014	371.54	
DRUGS	2	4		15.00	3.75	.000	7.50	
ANESTHESIA	18	18		1,700.00	94.44	.001	94.44	
PERIODONTICS	10	11		553.00	50.27	.000	55.30	
ENDODONTICS	8	8		1,162.00	145.25	.000	145.25	
RESTORATIVE DENTISTRY	39	98		5,700.50	58.17	.004	146.17	
PROSTHETICS	3	3		75.00	25.00	.000	25.00	
DENTURES, STAYPLATES	49	77		19,505.00	253.31	.003	398.06	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	2	3		50.00	16.67	.000	25.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	
ALL OTHER SERVICES	10	10		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
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	----- MONTHLY AVERAGE -							
	22,512 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	589	1,649	\$	31,750.42	\$ 19.25	.073	\$ 53.91	\$
DIAGNOSTIC AND ANC. PROCED	339	530		13,266.71	25.03	.024	39.13	

EYE APPLIANCES	402	1,097		18,163.52		16.56	.049	45.18	
OTHER OPTOMETRIC SERVICES	15	22		320.19		14.55	.001	21.35	
@CHIROPRACTOR	208	344	\$	5,699.56	\$	16.57	.015	27.40	\$
VISITS	193	320		5,312.78		16.60	.014	27.53	
OTHER SERVICES	15	24		386.78		16.12	.001	25.79	
@PODIATRIST	197	294	\$	7,016.29	\$	23.86	.013	35.62	\$
MEDICINE/INJECTIONS	119	141		4,388.06		31.12	.006	36.87	
SURGERY/ANES.	6	10		373.77		37.38	.000	62.30	
RADIO./PATHOLOGY	18	25		439.43		17.58	.001	24.41	
OTHER	71	118		1,815.03		15.38	.005	25.56	
@HOME HEALTH AGENCY	43	588	\$	34,670.77	\$	58.96	.026	806.30	\$
NURSE ANESTHESIST	132	696	\$	13,785.57	\$	19.81	.031	104.44	\$
NURSE MIDWIFE	9	22	\$	4,667.09	\$	212.14	.001	518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$
@TOTAL HOSPITAL	4,504	23,920	\$	3,820,817.74	\$	159.73	1.063	848.32	\$
HOSP INPATIENT TOTAL	421	1,160		3,006,124.61		2591.49	.052	7140.44	
HSC HOSPITALS	22	121		185,110.00		1529.83	.005	8414.09	
NON-HSC HOSPITAL TOTAL	221	1,039		2,700,367.51		2599.01	.046	12218.86	
ACCOMMODATIONS	221	1,039		899,336.25		865.58	.046	4069.39	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	221	1,039		899,336.25		865.58	.046	4069.39	
ANCILLARIES	220	0		1,801,031.26		.00	.000	8186.51	
INPATIENT CROSSOVERS	182	0		120,647.10		.00	.000	662.90	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	4,307	22,760		814,693.13		35.79	1.011	189.16	
MEDICAL	1,719	3,492		224,599.23		64.32	.155	130.66	
SURGERY	353	445		28,692.67		64.48	.020	81.28	
PATHOLOGY	1,567	7,242		85,946.48		11.87	.322	54.85	
RADIOLOGY	1,543	2,292		187,125.05		81.64	.102	121.27	
ROOM USE	1,677	2,837		114,268.23		40.28	.126	68.14	
CROSSOVERS/ALL OTH OUTPTNT	2,329	6,452		174,061.47		26.98	.287	74.74	
@COUNTY HOSPITAL TOTAL	11	28	\$	8,671.77	\$	309.71	.001	788.34	\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00		1160.00	.000	4060.00	
HSC HOSPITALS	2	7		8,120.00		1160.00	.000	4060.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	9	21	551.77	26.27	.001	61.31
MEDICAL	3	3	68.18	22.73	.000	22.73
SURGERY	1	1	70.60	70.60	.000	70.60
PATHOLOGY	1	7	60.24	8.61	.000	60.24
RADIOLOGY	1	4	71.50	17.88	.000	71.50
ROOM USE	3	3	102.01	34.00	.000	34.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	179.24	59.75	.000	59.75

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22,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C	
					PER ELIG      USER	E	
@COMMUNITY HOSPITAL TOTAL	4,498	23,892	\$ 3,812,145.97	\$ 159.56	1.061	\$ 847.52	\$
COMM HOSP INPATIENT TOTAL	420	1,153	2,998,004.61	2600.18	.051	7138.11	
HSC HOSPITALS	20	114	176,990.00	1552.54	.005	8849.50	
NON-HSC HOSPITALS TOTAL	221	1,039	2,700,367.51	2599.01	.046	12218.86	
ACCOMMODATIONS	221	1,039	899,336.25	865.58	.046	4069.39	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	221	1,039	899,336.25	865.58	.046	4069.39	
ANCILLARIES	220	0	1,801,031.26	.00	.000	8186.51	
INPATIENT CROSSOVERS	182	0	120,647.10	.00	.000	662.90	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4,301	22,739	814,141.36	35.80	1.010	189.29	
MEDICAL	1,716	3,489	224,531.05	64.35	.155	130.85	
SURGERY	352	444	28,622.07	64.46	.020	81.31	
PATHOLOGY	1,567	7,235	85,886.24	11.87	.321	54.81	
RADIOLOGY	1,542	2,288	187,053.55	81.75	.102	121.31	
ROOM USE	1,675	2,834	114,166.22	40.28	.126	68.16	
CROSSOVERS/ALL OTH OUTPTNT	2,326	6,449	173,882.23	26.96	.286	74.76	
@STATE HOSPITAL	12	365	\$ 256,167.95	\$ 701.83	.016	\$ 21347.33	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	256,167.95	701.83	.016	21347.33	
@NURSING FACILITY	84	1,607	\$ 254,807.64	\$ 158.56	.071	\$ 3033.42	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8	4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	83	1,599	250,167.08	156.45	.071	3014.06	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	43	230	\$ 34,520.29	\$ 150.09	.010	\$ 802.80	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

HEMODIALYSIS CENTER	43	230		34,520.29	150.09	.010	802.80	
@REHABILITATION FACILITY	5	29	\$	1,008.70	\$ 34.78	.001	\$ 201.74	\$
HOSPITAL BASED	5	29		1,008.70	34.78	.001	201.74	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1,608	5,653	\$	76,535.69	\$ 13.54	.251	\$ 47.60	\$
PATHOLOGY	1,604	5,637		76,472.87	13.57	.250	47.68	
XO AND OTHERS	4	16		62.82	3.93	.001	15.71	
@ORGANIZED OUTPATIENT CLINIC	7,120	11,067	\$	995,201.32	\$ 89.93	.492	\$ 139.78	\$
CLINIC	11	16		1,337.59	83.60	.001	121.60	
SURGICENTER	3	21		965.47	45.97	.001	321.82	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	7,111	11,030		992,898.26	90.02	.490	139.63	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - DISABLED      AID CODE 60

22,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	2,690	157,174	\$ 582,760.19	\$ 3.71	6.982	\$ 216.64	\$
DURABLE MED. EQUIP.	165	369	89,528.19	242.62	.016	542.60	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	479	96,582	259,341.15	2.69	4.290	541.42	
AMBULANCES/AIR TRANS	398	10,677	111,766.92	10.47	.474	280.82	
OTHER TRANS	79	85,333	125,514.84	1.47	3.791	1588.80	
OTHER SERVICES	103	572	22,059.39	38.57	.025	214.17	
ACUPUNCTURE	8	21	368.83	17.56	.001	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.011	1280.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	23	88	11,160.31	126.82	.004	485.23	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	628	1,638	15,919.96	9.72	.073	25.35	
PHYSICAL THERAPIST	218	2,128	32,637.98	15.34	.095	149.72	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	20	120	25,631.29	213.59	.005	1281.56	
PROSTHETICS	20	120	25,631.29	213.59	.005	1281.56	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	36	140	4,304.87	30.75	.006	119.58	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	362	5,013	38,470.35	7.67	.223	106.27	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	860	50,809	86,449.12	1.70	2.257	100.52	
@CALIF. CHILDREN SERVICES*	86	1,242	\$ 199,577.94	\$ 160.69	.055	\$ 2320.67	\$
@XOVER EXCLUDING STATE HOSP**	2,864	38,177	\$ 343,582.23	\$ 9.00	1.696	\$ 119.97	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -

28,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	14,712	69,110	\$ 4,415,296.94	\$ 63.89	2.402	\$ 300.12	\$
@PHYSICIANS SERVICES	2,420	4,677	\$ 191,613.28	\$ 40.97	.163	\$ 79.18	\$
OUTPATIENT VISITS	575	711	27,261.13	38.34	.025	47.41	
OFFICE VISITS	479	559	20,013.50	35.80	.019	41.78	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	70	76	4,104.10	54.00	.003	58.63	
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	13	51	2,138.23	41.93	.002	164.48	
OTHER OUTPATIENT	22	24	950.47	39.60	.001	43.20	
INPATIENT VISITS	67	293	29,997.80	102.38	.010	447.73	
HOSPITAL VISITS	57	160	8,455.42	52.85	.006	148.34	
CRITICAL CARE	16	133	21,542.38	161.97	.005	1346.40	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	25	25	946.83	37.87	.001	37.87	
EXAMINATIONS	25	25	946.83	37.87	.001	37.87	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	51	226	30,914.30	136.79	.008	606.16	
PRINCIPAL SURGEON	37	50	25,776.83	515.54	.002	696.67	
ASSISTANT SURGEON	7	7	1,293.90	184.84	.000	184.84	
ANESTHESIOLOGIST	16	169	3,843.57	22.74	.006	240.22	
OUTPATIENT SURGERY	188	517	34,836.07	67.38	.018	185.30	
PRINCIPAL SURGEON	173	208	31,093.02	149.49	.007	179.73	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	20	309	3,743.05	12.11	.011	187.15	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	92	155	3,276.45	21.14	.005	35.61	
RADIOLOGY	1,608	2,275	50,522.22	22.21	.079	31.42	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	30	95	733.75	7.72	.003	24.46	
OTHER SERVICES/ALL X-OVERS	204	380	13,124.73	34.54	.013	64.34	
@PHARMACY	6,835	16,336	\$ 918,559.84	\$ 56.23	.568	\$ 134.39	\$
PRESCRIPTION DRUGS	6,796	16,087	904,119.49	56.20	.559	133.04	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	6,796	16,087	904,119.49	56.20	.559	133.04	
MEDICAL SUPPLIES	151	249	14,440.35	57.99	.009	95.63	
@DENTIST	255	1,555	\$ 56,195.55	\$ 36.14	.054	\$ 220.37	\$
VISITS - DIAGNOSTIC	203	885	14,205.80	16.05	.031	69.98	
ORAL SURGERY	56	333	20,072.00	60.28	.012	358.43	
DRUGS	5	6	15.00	2.50	.000	3.00	
ANESTHESIA	21	21	2,100.00	100.00	.001	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	11	16	1,683.00	105.19	.001	153.00	
RESTORATIVE DENTISTRY	63	225	10,618.00	47.19	.008	168.54	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	10	14	3,758.00	268.43	.000	375.80	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	9	11	550.00	50.00	.000	61.11	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	28	31	2,987.50	96.37	.001	106.70	
ALL OTHER SERVICES	13	13	206.25	15.87	.000	15.87	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

28,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	402	1,181	\$ 22,477.13	\$ 19.03	.041	\$ 55.91	\$
DIAGNOSTIC AND ANC. PROCED	285	465	11,902.15	25.60	.016	41.76	
EYE APPLIANCES	259	713	10,545.42	14.79	.025	40.72	
OTHER OPTOMETRIC SERVICES	3	3	29.56	9.85	.000	9.85	
@CHIROPRACTOR	97	147	\$ 2,424.40	\$ 16.49	.005	\$ 24.99	\$
VISITS	97	147	2,424.40	16.49	.005	24.99	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	53	69	\$ 2,386.44	\$ 34.59	.002	\$ 45.03	\$
MEDICINE/INJECTIONS	52	64	2,254.13	35.22	.002	43.35	
SURGERY/ANES.	1	1	63.11	63.11	.000	63.11	
RADIO./PATHOLOGY	2	4	69.20	17.30	.000	34.60	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	9	74	\$ 4,747.33	\$ 64.15	.003	\$ 527.48	\$
NURSE ANESTHESIST	168	923	\$ 18,265.30	\$ 19.79	.032	\$ 108.72	\$
NURSE MIDWIFE	67	148	\$ 27,174.18	\$ 183.61	.005	\$ 405.58	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	4	5	\$ 139.20	\$ 27.84	.000	\$ 34.80	\$
@TOTAL HOSPITAL	3,844	19,523	\$ 1,895,179.57	\$ 97.07	.679	\$ 493.02	\$
HOSP INPATIENT TOTAL	200	757	1,262,599.92	1667.90	.026	6313.00	
HSC HOSPITALS	19	127	203,232.01	1600.25	.004	10696.42	
NON-HSC HOSPITAL TOTAL	182	630	1,059,367.91	1681.54	.022	5820.70	
ACCOMMODATIONS	182	630	438,449.91	695.95	.022	2409.07	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	182	630	438,449.91	695.95	.022	2409.07	
ANCILLARIES	182	0	620,918.00	.00	.000	3411.64	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,751	18,766	632,579.65	33.71	.652	168.64	
MEDICAL	2,056	2,821	172,614.52	61.19	.098	83.96	
SURGERY	384	495	28,535.54	57.65	.017	74.31	
PATHOLOGY	1,466	5,018	64,010.93	12.76	.174	43.66	
RADIOLOGY	1,255	1,681	103,990.11	61.86	.058	82.86	
ROOM USE	2,474	3,570	135,371.27	37.92	.124	54.72	
CROSSOVERS/ALL OTH OUTPTNT	1,745	5,181	128,057.28	24.72	.180	73.39	
@COUNTY HOSPITAL TOTAL	4	13	\$ 407.91	\$ 31.38	.000	\$ 101.98	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	13	407.91	31.38	.000	101.98	
MEDICAL	1	1	63.97	63.97	.000	63.97	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	3	20.89	6.96	.000	20.89	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	2	2	68.20	34.10	.000	34.10	

CROSSOVERS/ALL OTH OUTPTNT	3	7	254.85	36.41	.000	84.95	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						
					-----	MONTHLY AVERAGE	-
28,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,841	19,510	\$ 1,894,771.66	\$ 97.12	.678	\$ 493.30	\$
COMM HOSP INPATIENT TOTAL	200	757	1,262,599.92	1667.90	.026	6313.00	
HSC HOSPITALS	19	127	203,232.01	1600.25	.004	10696.42	
NON-HSC HOSPITALS TOTAL	182	630	1,059,367.91	1681.54	.022	5820.70	
ACCOMMODATIONS	182	630	438,449.91	695.95	.022	2409.07	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	182	630	438,449.91	695.95	.022	2409.07	
ANCILLARIES	182	0	620,918.00	.00	.000	3411.64	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,748	18,753	632,171.74	33.71	.652	168.67	
MEDICAL	2,055	2,820	172,550.55	61.19	.098	83.97	
SURGERY	384	495	28,535.54	57.65	.017	74.31	
PATHOLOGY	1,465	5,015	63,990.04	12.76	.174	43.68	
RADIOLOGY	1,255	1,681	103,990.11	61.86	.058	82.86	
ROOM USE	2,472	3,568	135,303.07	37.92	.124	54.73	
CROSSOVERS/ALL OTH OUTPTNT	1,743	5,174	127,802.43	24.70	.180	73.32	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	22	129	\$ 3,270.70	\$ 25.35	.004	\$ 148.67
HOSPITAL BASED	22	129	3,270.70	25.35	.004	148.67
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1,061	2,826	\$ 44,622.94	\$ 15.79	.098	\$ 42.06
PATHOLOGY	1,061	2,826	44,622.94	15.79	.098	42.06
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	6,715	9,528	\$ 1,078,666.62	\$ 113.21	.331	\$ 160.64
CLINIC	39	158	5,918.38	37.46	.005	151.75
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	6,683	9,370	1,072,748.24	114.49	.326	160.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G					

	28,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	1,044	11,989	\$	149,574.46	\$ 12.48	.417	\$ 143.27	\$
DURABLE MED. EQUIP.	12	31		1,541.72	49.73	.001	128.48	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	220	8,537		95,311.23	11.16	.297	433.23	
AMBULANCES/AIR TRANS	213	5,998		70,901.20	11.82	.208	332.87	
OTHER TRANS	6	2,480		3,597.54	1.45	.086	599.59	
OTHER SERVICES	58	59		20,812.49	352.75	.002	358.84	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	40	40		4,200.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	265	561		4,708.52	8.39	.019	17.77	
PHYSICAL THERAPIST	82	675		9,714.67	14.39	.023	118.47	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	5	18		3,734.80	207.49	.001	746.96	
PROSTHETICS	5	18		3,734.80	207.49	.001	746.96	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	47	162		6,182.15	38.16	.006	131.54	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	362	1,915		20,900.81	10.91	.067	57.74	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	25	50		3,280.56	65.61	.002	131.22	
@CALIF. CHILDREN SERVICES*	65	619	\$	180,979.06	\$ 292.37	.022	\$ 2784.29	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	53,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@TOTAL, ALL PROVIDERS		40,292	587,267	\$ 18,774,191.39	\$ 31.97	10.910	\$ 465.95	\$
@PHYSICIANS SERVICES		7,268	16,924	\$ 634,226.34	\$ 37.47	.314	\$ 87.26	\$
OUTPATIENT VISITS		1,667	2,151	82,282.80	38.25	.040	49.36	
OFFICE VISITS		1,429	1,783	64,173.49	35.99	.033	44.91	
HOME VISITS		0	0	.00	.00	.000	.00	
EMERGENCY ROOM		184	218	12,548.71	57.56	.004	68.20	
PREVENTIVE CARE		1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI		25	87	3,475.36	39.95	.002	139.01	
OTHER OUTPATIENT		57	62	2,030.41	32.75	.001	35.62	
INPATIENT VISITS		179	629	47,280.47	75.17	.012	264.14	
HOSPITAL VISITS		151	450	20,258.33	45.02	.008	134.16	
CRITICAL CARE		27	166	26,495.04	159.61	.003	981.30	
SNF/ICF/TRANS IP CARE		13	13	527.10	40.55	.000	40.55	
OPHTHALMOLOGICAL SERVICES		150	207	7,859.44	37.97	.004	52.40	
EXAMINATIONS		150	207	7,859.44	37.97	.004	52.40	
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY		166	911	91,680.96	100.64	.017	552.29	
PRINCIPAL SURGEON		117	177	75,436.13	426.19	.003	644.75	
ASSISTANT SURGEON		18	18	3,431.75	190.65	.000	190.65	
ANESTHESIOLOGIST		51	716	12,813.08	17.90	.013	251.24	
OUTPATIENT SURGERY		501	1,165	110,702.90	95.02	.022	220.96	
PRINCIPAL SURGEON		457	576	101,041.79	175.42	.011	221.10	
ASSISTANT SURGEON		2	2	136.64	68.32	.000	68.32	
ANESTHESIOLOGIST		53	587	9,524.47	16.23	.011	179.71	
DIALYSIS		13	34	3,379.34	99.39	.001	259.95	
PATHOLOGY		351	605	12,276.63	20.29	.011	34.98	
RADIOLOGY		3,617	5,816	144,970.44	24.93	.108	40.08	
PSYCHIATRY		0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION		50	160	3,470.53	21.69	.003	69.41	
OTHER SERVICES/ALL X-OVERS		1,977	5,246	130,322.83	24.84	.097	65.92	
@PHARMACY		24,406	300,041	\$ 8,397,324.81	\$ 27.99	5.574	\$ 344.07	\$
PRESCRIPTION DRUGS		23,698	87,039	8,197,987.26	94.19	1.617	345.94	
SNF/ICF		135	1,340	120,283.82	89.76	.025	890.99	
OUTPATIENTS		23,569	85,699	8,077,703.44	94.26	1.592	342.73	
MEDICAL SUPPLIES		1,855	213,002	199,337.55	.94	3.957	107.46	
@DENTIST		513	2,677	\$ 112,104.25	\$ 41.88	.050	\$ 218.53	\$
VISITS - DIAGNOSTIC		378	1,431	22,025.00	15.39	.027	58.27	
ORAL SURGERY		102	654	37,163.00	56.82	.012	364.34	
DRUGS		7	10	30.00	3.00	.000	4.29	
ANESTHESIA		39	39	3,800.00	97.44	.001	97.44	
PERIODONTICS		10	11	553.00	50.27	.000	55.30	
ENDODONTICS		19	24	2,845.00	118.54	.000	149.74	
RESTORATIVE DENTISTRY		106	335	16,508.50	49.28	.006	155.74	
PROSTHETICS		4	4	105.00	26.25	.000	26.25	
DENTURES, STAYPLATES		64	100	25,246.00	252.46	.002	394.47	
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES		11	14	600.00	42.86	.000	54.55	
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000	.00	

ORTHODONTIC SERVICES	29	32	3,022.50	94.45	.001	104.22	
ALL OTHER SERVICES	23	23	206.25	8.97	.000	8.97	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	53,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1,038	2,960	\$	56,697.81	\$ 19.15	.055	\$ 54.62	\$
DIAGNOSTIC AND ANC. PROCED	638	1,017		25,719.97	25.29	.019	40.31	
EYE APPLIANCES	700	1,912		30,531.16	15.97	.036	43.62	
OTHER OPTOMETRIC SERVICES	21	31		446.68	14.41	.001	21.27	
@CHIROPRACTOR	310	498	\$	8,239.67	\$ 16.55	.009	\$ 26.58	\$
VISITS	290	467		7,737.18	16.57	.009	26.68	
OTHER SERVICES	20	31		502.49	16.21	.001	25.12	
@PODIATRIST	285	421	\$	9,979.44	\$ 23.70	.008	\$ 35.02	\$
MEDICINE/INJECTIONS	171	205		6,642.19	32.40	.004	38.84	
SURGERY/ANES.	7	11		436.88	39.72	.000	62.41	
RADIO./PATHOLOGY	20	29		508.63	17.54	.001	25.43	
OTHER	106	176		2,391.74	13.59	.003	22.56	
@HOME HEALTH AGENCY	52	662	\$	39,418.10	\$ 59.54	.012	\$ 758.04	\$
NURSE ANESTHESIST	302	1,629	\$	32,248.57	\$ 19.80	.030	\$ 106.78	\$
NURSE MIDWIFE	76	170	\$	31,841.27	\$ 187.30	.003	\$ 418.96	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	4	5	\$	139.20	\$ 27.84	.000	\$ 34.80	\$
@TOTAL HOSPITAL	8,588	44,054	\$	5,803,917.06	\$ 131.75	.818	\$ 675.82	\$
HOSP INPATIENT TOTAL	677	1,942		4,344,447.74	2237.10	.036	6417.20	
HSC HOSPITALS	41	248		388,342.01	1565.90	.005	9471.76	
NON-HSC HOSPITAL TOTAL	410	1,694		3,806,268.60	2246.91	.031	9283.58	
ACCOMMODATIONS	410	1,694		1,353,918.16	799.24	.031	3302.24	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	410	1,694		1,353,918.16	799.24	.031	3302.24	
ANCILLARIES	409	0		2,452,350.44	.00	.000	5995.97	
INPATIENT CROSSOVERS	231	0		149,837.13	.00	.000	648.65	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	8,274	42,112		1,459,469.32	34.66	.782	176.39	
MEDICAL	3,788	6,328		398,023.23	62.90	.118	105.07	
SURGERY	739	942		57,457.05	60.99	.018	77.75	
PATHOLOGY	3,040	12,289		150,456.75	12.24	.228	49.49	
RADIOLOGY	2,807	3,987		291,515.53	73.12	.074	103.85	
ROOM USE	4,165	6,425		250,246.65	38.95	.119	60.08	
CROSSOVERS/ALL OTH OUTPTNT	4,280	12,141		311,770.11	25.68	.226	72.84	
@COUNTY HOSPITAL TOTAL	15	41	\$	9,079.68	\$ 221.46	.001	\$ 605.31	\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00	1160.00	.000	4060.00	
HSC HOSPITALS	2	7		8,120.00	1160.00	.000	4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	13	34		959.68	28.23	.001	73.82	

MEDICAL	4	4	132.15	33.04	.000	33.04
SURGERY	1	1	70.60	70.60	.000	70.60
PATHOLOGY	2	10	81.13	8.11	.000	40.57
RADIOLOGY	1	4	71.50	17.88	.000	71.50
ROOM USE	5	5	170.21	34.04	.000	34.04
CROSSOVERS/ALL OTH OUTPTNT	6	10	434.09	43.41	.000	72.35

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

53,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	8,579	44,013	\$ 5,794,837.38	\$ 131.66	.818	\$ 675.47	\$
COMM HOSP INPATIENT TOTAL	676	1,935	4,336,327.74	2241.00	.036	6414.69	
HSC HOSPITALS	39	241	380,222.01	1577.68	.004	9749.28	
NON-HSC HOSPITALS TOTAL	410	1,694	3,806,268.60	2246.91	.031	9283.58	
ACCOMMODATIONS	410	1,694	1,353,918.16	799.24	.031	3302.24	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	410	1,694	1,353,918.16	799.24	.031	3302.24	
ANCILLARIES	409	0	2,452,350.44	.00	.000	5995.97	
INPATIENT CROSSOVERS	231	0	149,837.13	.00	.000	648.65	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8,265	42,078	1,458,509.64	34.66	.782	176.47	
MEDICAL	3,784	6,324	397,891.08	62.92	.117	105.15	
SURGERY	738	941	57,386.45	60.98	.017	77.76	
PATHOLOGY	3,039	12,279	150,375.62	12.25	.228	49.48	
RADIOLOGY	2,806	3,983	291,444.03	73.17	.074	103.86	
ROOM USE	4,161	6,420	250,076.44	38.95	.119	60.10	
CROSSOVERS/ALL OTH OUTPTNT	4,275	12,131	311,336.02	25.66	.225	72.83	
@STATE HOSPITAL	12	365	\$ 256,167.95	\$ 701.83	.007	\$ 21347.33	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	256,167.95	701.83	.007	21347.33	
@NURSING FACILITY	124	2,330	\$ 366,335.89	\$ 157.23	.043	\$ 2954.32	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8	4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	123	2,322	361,695.33	155.77	.043	2940.61	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	43	230	\$ 34,520.29	\$ 150.09	.004	\$ 802.80	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	43	230	34,520.29	150.09	.004	802.80	
@REHABILITATION FACILITY	27	158	\$ 4,279.40	\$ 27.08	.003	\$ 158.50	\$
HOSPITAL BASED	27	158	4,279.40	27.08	.003	158.50	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	2,676	8,505	\$ 121,505.91	\$ 14.29	.158	\$ 45.41	\$
PATHOLOGY	2,671	8,487	121,431.74	14.31	.158	45.46	
XO AND OTHERS	5	18	74.17	4.12	.000	14.83	
@ORGANIZED OUTPATIENT CLINIC	14,259	21,203	\$ 2,101,005.71	\$ 99.09	.394	\$ 147.35	\$
CLINIC	51	175	7,335.75	41.92	.003	143.84	

SURGICENTER	3	21	965.47	45.97	.000	321.82
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	14,217	21,007	2,092,704.49	99.62	.390	147.20

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
53,826 ELIGIBLES							
@ALL OTHER PROVIDERS	4,136	184,435	\$ 764,239.72	\$ 4.14	3.427	\$ 184.78	\$
DURABLE MED. EQUIP.	188	429	99,813.21	232.66	.008	530.92	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	715	105,838	356,180.64	3.37	1.966	498.15	
AMBULANCES/AIR TRANS	611	16,675	182,668.12	10.95	.310	298.97	
OTHER TRANS	99	88,515	130,627.18	1.48	1.644	1319.47	
OTHER SERVICES	164	648	42,885.34	66.18	.012	261.50	
ACUPUNCTURE	8	21	368.83	17.56	.000	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.004	1280.00	
GENETIC DISEASE TESTING	53	53	5,565.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	23	88	11,160.31	126.82	.002	485.23	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	966	2,396	22,759.58	9.50	.045	23.56	
PHYSICAL THERAPIST	300	2,803	42,352.65	15.11	.052	141.18	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	28	148	31,811.61	214.94	.003	1136.13	
PROSTHETICS	28	148	31,811.61	214.94	.003	1136.13	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	86	306	11,569.53	37.81	.006	134.53	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	724	6,928	59,371.16	8.57	.129	82.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	1,193	65,172		105,704.06		1.62	1.211	88.60	
@CALIF. CHILDREN SERVICES*	174	2,619	\$	397,689.53	\$	151.85	.049	\$ 2285.57	\$
@XOVER EXCLUDING STATE HOSP**	3,668	49,268	\$	439,459.28	\$	8.92	.915	\$ 119.81	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	115	363	\$ 19,080.70	\$ 52.56	1.301	\$ 165.92	\$
@PHYSICIANS SERVICES	24	40	\$ 480.82	\$ 12.02	.143	\$ 20.03	\$
OUTPATIENT VISITS	3	4	119.45	29.86	.014	39.82	
OFFICE VISITS	3	4	119.45	29.86	.014	39.82	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	60.00	60.00	.004	60.00	
PRINCIPAL SURGEON	1	1	60.00	60.00	.004	60.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	16	19	161.36	8.49	.068	10.09	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	4	15	75.00	5.00	.054	18.75	
OTHER SERVICES/ALL X-OVERS	1	1	65.01	65.01	.004	65.01	
@PHARMACY	41	94	\$ 2,317.83	\$ 24.66	.337	\$ 56.53	\$
PRESCRIPTION DRUGS	41	94	2,317.83	24.66	.337	56.53	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	41	94	2,317.83	24.66	.337	56.53	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	

PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	27	127	\$ 5,182.61	\$ 40.81	.455	\$ 191.95	\$
HOSP INPATIENT TOTAL	1	2	1,716.67	858.34	.007	1716.67	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	2	1,716.67	858.34	.007	1716.67	
ACCOMMODATIONS	1	2	1,297.44	648.72	.007	1297.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	2	1,297.44	648.72	.007	1297.44	
ANCILLARIES	1	0	419.23	.00	.000	419.23	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	26	125	3,465.94	27.73	.448	133.31	
MEDICAL	18	33	1,876.95	56.88	.118	104.28	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	10	36	330.59	9.18	.129	33.06	
RADIOLOGY	12	16	216.79	13.55	.057	18.07	
ROOM USE	18	25	825.72	33.03	.090	45.87	
CROSSEOVERS/ALL OTH OUTPTNT	11	15	215.89	14.39	.054	19.63	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	27	127	\$ 5,182.61	\$ 40.81	.455	\$ 191.95	\$
COMM HOSP INPATIENT TOTAL	1	2	1,716.67	858.34	.007	1716.67	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	2	1,716.67	858.34	.007	1716.67	
ACCOMMODATIONS	1	2	1,297.44	648.72	.007	1297.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	2	1,297.44	648.72	.007	1297.44	
ANCILLARIES	1	0	419.23	.00	.000	419.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	26	125	3,465.94	27.73	.448	133.31	
MEDICAL	18	33	1,876.95	56.88	.118	104.28	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	10	36	330.59	9.18	.129	33.06	
RADIOLOGY	12	16	216.79	13.55	.057	18.07	
ROOM USE	18	25	825.72	33.03	.090	45.87	
CROSSOVERS/ALL OTH OUTPTNT	11	15	215.89	14.39	.054	19.63	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1	3	\$ 239.45	\$ 79.82	.011	\$ 239.45	\$
HOSPITAL BASED	1	3	239.45	79.82	.011	239.45	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	

@LABORATORY FACILITY	7	7	\$	93.66	\$	13.38	.025	\$	13.38	\$
PATHOLOGY	7	7		93.66		13.38	.025		13.38	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	74	92	\$	10,766.33	\$	117.03	.330	\$	145.49	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	74	92		10,766.33		117.03	.330		145.49	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	448	3,170	\$ 250,199.42	\$ 78.93	8.212	\$ 558.48	\$
@PHYSICIANS SERVICES	110	189	\$ 10,410.99	\$ 55.08	.490	\$ 94.65	\$



OUTPATIENT VISITS	11	15	791.82	52.79	.039	71.98
OFFICE VISITS	5	5	236.31	47.26	.013	47.26
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	1	1	108.08	108.08	.003	108.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	5	8	426.49	53.31	.021	85.30
OTHER OUTPATIENT	1	1	20.94	20.94	.003	20.94
INPATIENT VISITS	7	21	760.09	36.19	.054	108.58
HOSPITAL VISITS	7	21	760.09	36.19	.054	108.58
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	9	33	4,148.60	125.72	.085	460.96
PRINCIPAL SURGEON	7	8	3,456.27	432.03	.021	493.75
ASSISTANT SURGEON	1	1	186.50	186.50	.003	186.50
ANESTHESIOLOGIST	2	24	505.83	21.08	.062	252.92
OUTPATIENT SURGERY	7	7	974.95	139.28	.018	139.28
PRINCIPAL SURGEON	7	7	974.95	139.28	.018	139.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	8	10	373.24	37.32	.026	46.66
RADIOLOGY	85	100	3,250.69	32.51	.259	38.24
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	1	1	57.76	57.76	.003	57.76
OTHER SERVICES/ALL X-OVERS	2	2	53.84	26.92	.005	26.92
@PHARMACY	103	217	\$ 9,341.79	\$ 43.05	.562	\$ 90.70
PRESCRIPTION DRUGS	88	165	5,693.06	34.50	.427	64.69
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	88	165	5,693.06	34.50	.427	64.69
MEDICAL SUPPLIES	21	52	3,648.73	70.17	.135	173.75
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	16	73	\$ 1,708.95	\$ 23.41	.189	\$ 106.81	\$
NURSE MIDWIFE	17	37	\$ 5,034.49	\$ 136.07	.096	\$ 296.15	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	286	2,383	\$ 205,752.65	\$ 86.34	6.174	\$ 719.41	\$
HOSP INPATIENT TOTAL	29	125	141,533.32	1132.27	.324	4880.46	
HSC HOSPITALS	1	13	15,678.04	1206.00	.034	15678.04	
NON-HSC HOSPITAL TOTAL	28	112	125,855.28	1123.71	.290	4494.83	
ACCOMMODATIONS	28	112	57,834.13	516.38	.290	2065.50	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	28	112	57,834.13	516.38	.290	2065.50	
ANCILLARIES	28	0	68,021.15	.00	.000	2429.33	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	274	2,258	64,219.33	28.44	5.850	234.38	
MEDICAL	67	81	5,081.75	62.74	.210	75.85	
SURGERY	21	31	937.54	30.24	.080	44.64	
PATHOLOGY	114	638	8,627.94	13.52	1.653	75.68	
RADIOLOGY	72	80	5,238.02	65.48	.207	72.75	
ROOM USE	202	342	11,696.63	34.20	.886	57.90	
CROSSOVERS/ALL OTH OUTPTNT	186	1,086	32,637.45	30.05	2.813	175.47	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	286		2,383	\$ 205,752.65	\$ 86.34	6.174	\$ 719.41	\$
COMM HOSP INPATIENT TOTAL	29		125	141,533.32	1132.27	.324	4880.46	
HSC HOSPITALS	1		13	15,678.04	1206.00	.034	15678.04	
NON-HSC HOSPITALS TOTAL	28		112	125,855.28	1123.71	.290	4494.83	
ACCOMMODATIONS	28		112	57,834.13	516.38	.290	2065.50	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	
ALL OTHER ACCOM	28		112	57,834.13	516.38	.290	2065.50	
ANCILLARIES	28		0	68,021.15	.00	.000	2429.33	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	274		2,258	64,219.33	28.44	5.850	234.38	
MEDICAL	67		81	5,081.75	62.74	.210	75.85	
SURGERY	21		31	937.54	30.24	.080	44.64	
PATHOLOGY	114		638	8,627.94	13.52	1.653	75.68	
RADIOLOGY	72		80	5,238.02	65.48	.207	72.75	
ROOM USE	202		342	11,696.63	34.20	.886	57.90	
CROSSOVERS/ALL OTH OUTPTNT	186		1,086	32,637.45	30.05	2.813	175.47	
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0		0	.00	.00	.000	.00	
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	
LEV B-REHAB MD	0		0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	
LEV B-REGULAR	0		0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0		0	.00	.00	.000	.00	
ICF DD	0		0	.00	.00	.000	.00	
ICF DDN/DDCN	0		0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$

HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	44	70	\$	1,297.03	\$	18.53	.181	29.48	\$
PATHOLOGY	44	70		1,297.03		18.53	.181	29.48	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	60	101	\$	12,406.72	\$	122.84	.262	206.78	\$
CLINIC	1	5		300.29		60.06	.013	300.29	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	59	96		12,106.43		126.11	.249	205.19	

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	19	100	\$ 4,246.80	\$ 42.47	.259	\$ 223.52	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	84	2,566.80	30.56	.218	855.60	
AMBULANCES/AIR TRANS	3	83	1,291.80	15.56	.215	430.60	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.003	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.041	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	16	61	\$ 4,550.67	\$ 74.60	20.333	\$ 284.42	\$
@PHYSICIANS SERVICES	3	5	\$ 434.82	\$ 86.96	1.667	\$ 144.94	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	2	2	287.97	143.99	.667	143.99	
PRINCIPAL SURGEON	2	2	287.97	143.99	.667	143.99	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	3	146.85	48.95	1.000	48.95	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

PA

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	2	15	\$ 242.77	\$ 16.18	5.000	\$ 121.39	\$
NURSE MIDWIFE	1	3	\$ 627.85	\$ 209.28	1.000	\$ 627.85	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	8	33	\$ 2,965.43	\$ 89.86	11.000	\$ 370.68	\$
HOSP INPATIENT TOTAL	1	2	2,079.32	1039.66	.667	2079.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	2	2,079.32	1039.66	.667	2079.32	
ACCOMMODATIONS	1	2	1,036.68	518.34	.667	1036.68	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	2	1,036.68	518.34	.667	1036.68	
ANCILLARIES	1	0	1,042.64	.00	.000	1042.64	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	8	31	886.11	28.58	10.333	110.76	
MEDICAL	2	2	79.02	39.51	.667	39.51	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	3	107.50	35.83	1.000	53.75	

RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	6	6	197.33	32.89	2.000	32.89
CROSSOVERS/ALL OTH OUTPTNT	6	20	502.26	25.11	6.667	83.71
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM					
					AID CODE 76	
					----- MONTHLY AVERAGE -	
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	8	33	\$ 2,965.43	\$ 89.86	11.000	\$ 370.68
COMM HOSP INPATIENT TOTAL	1	2	2,079.32	1039.66	.667	2079.32
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	1	2	2,079.32	1039.66	.667	2079.32
ACCOMMODATIONS	1	2	1,036.68	518.34	.667	1036.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	2	1,036.68	518.34	.667	1036.68
ANCILLARIES	1	0	1,042.64	.00	.000	1042.64
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	8	31	886.11	28.58	10.333	110.76
MEDICAL	2	2	79.02	39.51	.667	39.51
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	2	3	107.50	35.83	1.000	53.75
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	6	6	197.33	32.89	2.000	32.89
CROSSOVERS/ALL OTH OUTPTNT	6	20	502.26	25.11	6.667	83.71
@STATE HOSPITAL	0	0	.00	.00	.000	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00

@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	4	\$	63.80	\$	15.95	1.333	\$	21.27	\$
PATHOLOGY	3	4		63.80		15.95	1.333		21.27	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.333	\$	216.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	1	1		216.00		216.00	.333		216.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM									
	AID CODE 76									

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	579	3,594	\$ 273,830.79	\$ 76.19	5.380	\$ 472.94	\$
@PHYSICIANS SERVICES	137	234	\$ 11,326.63	\$ 48.40	.350	\$ 82.68	\$
OUTPATIENT VISITS	14	19	911.27	47.96	.028	65.09	
OFFICE VISITS	8	9	355.76	39.53	.013	44.47	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	5	8	426.49	53.31	.012	85.30	
OTHER OUTPATIENT	1	1	20.94	20.94	.001	20.94	
INPATIENT VISITS	7	21	760.09	36.19	.031	108.58	
HOSPITAL VISITS	7	21	760.09	36.19	.031	108.58	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	10	34	4,208.60	123.78	.051	420.86	
PRINCIPAL SURGEON	8	9	3,516.27	390.70	.013	439.53	
ASSISTANT SURGEON	1	1	186.50	186.50	.001	186.50	
ANESTHESIOLOGIST	2	24	505.83	21.08	.036	252.92	
OUTPATIENT SURGERY	9	9	1,262.92	140.32	.013	140.32	
PRINCIPAL SURGEON	9	9	1,262.92	140.32	.013	140.32	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	8	10	373.24	37.32	.015	46.66	
RADIOLOGY	104	122	3,558.90	29.17	.183	34.22	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	5	16	132.76	8.30	.024	26.55	
OTHER SERVICES/ALL X-OVERS	3	3	118.85	39.62	.004	39.62	
@PHARMACY	144	311	\$ 11,659.62	\$ 37.49	.466	\$ 80.97	\$
PRESCRIPTION DRUGS	129	259	8,010.89	30.93	.388	62.10	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	129	259	8,010.89	30.93	.388	62.10	
MEDICAL SUPPLIES	21	52	3,648.73	70.17	.078	173.75	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	

FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	18	88	\$ 1,951.72	\$ 22.18	.132	\$ 108.43	\$
NURSE MIDWIFE	18	40	\$ 5,662.34	\$ 141.56	.060	\$ 314.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	321	2,543	\$ 213,900.69	\$ 84.11	3.807	\$ 666.36	\$
HOSP INPATIENT TOTAL	31	129	145,329.31	1126.58	.193	4688.04	
HSC HOSPITALS	1	13	15,678.04	1206.00	.019	15678.04	
NON-HSC HOSPITAL TOTAL	30	116	129,651.27	1117.68	.174	4321.71	
ACCOMMODATIONS	30	116	60,168.25	518.69	.174	2005.61	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	30	116	60,168.25	518.69	.174	2005.61	
ANCILLARIES	30	0	69,483.02	.00	.000	2316.10	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	308	2,414	68,571.38	28.41	3.614	222.63	
MEDICAL	87	116	7,037.72	60.67	.174	80.89	
SURGERY	21	31	937.54	30.24	.046	44.64	
PATHOLOGY	126	677	9,066.03	13.39	1.013	71.95	
RADIOLOGY	84	96	5,454.81	56.82	.144	64.94	
ROOM USE	226	373	12,719.68	34.10	.558	56.28	
CROSSOVERS/ALL OTH OUTPTNT	203	1,121	33,355.60	29.76	1.678	164.31	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76					
					----- MONTHLY AVERAGE -	
668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	321	2,543	\$ 213,900.69	\$ 84.11	3.807	\$ 666.36
COMM HOSP INPATIENT TOTAL	31	129	145,329.31	1126.58	.193	4688.04
HSC HOSPITALS	1	13	15,678.04	1206.00	.019	15678.04
NON-HSC HOSPITALS TOTAL	30	116	129,651.27	1117.68	.174	4321.71
ACCOMMODATIONS	30	116	60,168.25	518.69	.174	2005.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	30	116	60,168.25	518.69	.174	2005.61
ANCILLARIES	30	0	69,483.02	.00	.000	2316.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	308	2,414	68,571.38	28.41	3.614	222.63
MEDICAL	87	116	7,037.72	60.67	.174	80.89
SURGERY	21	31	937.54	30.24	.046	44.64
PATHOLOGY	126	677	9,066.03	13.39	1.013	71.95
RADIOLOGY	84	96	5,454.81	56.82	.144	64.94
ROOM USE	226	373	12,719.68	34.10	.558	56.28
CROSSOVERS/ALL OTH OUTPTNT	203	1,121	33,355.60	29.76	1.678	164.31
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	1	3	\$	239.45	\$	79.82	.004	\$	239.45 \$
HOSPITAL BASED	1	3		239.45		79.82	.004		239.45
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	54	81	\$	1,454.49	\$	17.96	.121	\$	26.94 \$
PATHOLOGY	54	81		1,454.49		17.96	.121		26.94
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	135	194	\$	23,389.05	\$	120.56	.290	\$	173.25 \$
CLINIC	1	5		300.29		60.06	.007		300.29
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	134	189		23,088.76		122.16	.283		172.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								

668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	19	100	\$ 4,246.80	\$ 42.47	.150	\$ 223.52	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	84	2,566.80	30.56	.126	855.60	
AMBULANCES/AIR TRANS	3	83	1,291.80	15.56	.124	430.60	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.001	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.024	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	.00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	.00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@TOTAL, ALL PROVIDERS	536	13,220	\$ 244,982.40	\$ 18.53	32.165	\$ 457.06	\$
@PHYSICIANS SERVICES	75	194	\$ 2,156.82	\$ 11.12	.472	\$ 28.76	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	75	194	2,156.82	11.12	.472	28.76	
@PHARMACY	383	10,187	\$ 153,262.78	\$ 15.04	24.786	\$ 400.16	\$
PRESCRIPTION DRUGS	356	1,729	147,035.18	85.04	4.207	413.02	
SNF/ICF	18	145	6,389.54	44.07	.353	354.97	
OUTPATIENTS	338	1,584	140,645.64	88.79	3.854	416.11	
MEDICAL SUPPLIES	62	8,458	6,227.60	.74	20.579	100.45	
@DENTIST	3	4	\$ 245.00	\$ 61.25	.010	\$ 81.67	\$
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.005	25.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	

411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.002	55.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	1	140.00	140.00	.002	140.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED      AID CODE 16							
@OPTOMETRIST	6	22	\$ 417.61	\$ 18.98	.054	\$ 69.60	\$
DIAGNOSTIC AND ANC. PROCED	4	7	150.36	21.48	.017	37.59	
EYE APPLIANCES	5	15	267.25	17.82	.036	53.45	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 6.17	\$ 6.17	.002	\$ 6.17	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	6.17	6.17	.002	6.17	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	1	1	\$ 15.66	\$ 15.66	.002	\$ 15.66	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	52	121	\$ 11,934.76	\$ 98.63	.294	\$ 229.51	\$
HOSP INPATIENT TOTAL	14	0	9,900.32	.00	.000	707.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	14	0	9,900.32	.00	.000	707.17	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	48	121	2,034.44	16.81	.294	42.38	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.002	14.87	
PATHOLOGY	1	1	11.90	11.90	.002	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.005	178.64	
CROSSOVERS/ALL OTH OUTPTNT	48	117	1,829.03	15.63	.285	38.10	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	52	121	\$ 11,934.76	\$ 98.63	.294	\$ 229.51	\$
COMM HOSP INPATIENT TOTAL	14	0	9,900.32	.00	.000	707.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	14	0	9,900.32	.00	.000	707.17	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	48	121	2,034.44	16.81	.294	42.38	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.002	14.87	
PATHOLOGY	1	1	11.90	11.90	.002	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.005	178.64	
CROSSOVERS/ALL OTH OUTPTNT	48	117	1,829.03	15.63	.285	38.10	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	23	393	\$ 60,268.29	\$ 153.35	.956	\$ 2620.36	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	23	393	60,268.29	153.35	.956	2620.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	1	1	\$	20.34	\$ 20.34	.002	\$ 20.34 \$
PATHOLOGY	1	1		20.34	20.34	.002	20.34
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	105	196	\$	11,221.50	\$ 57.25	.477	\$ 106.87 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	105	196		11,221.50	57.25	.477	106.87

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	83	2,100	\$ 5,433.47	\$ 2.59	5.109	\$ 65.46	\$
DURABLE MED. EQUIP.	5	95	2,020.93	21.27	.231	404.19	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8	69.02	8.63	.019	34.51	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	2	8	69.02	8.63	.019	34.51	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	13	34	376.87	11.08	.083	28.99	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	



HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	65	1,963	2,966.65	1.51	4.776	45.64
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	174	1,306	27,706.20	21.21	3.178	159.23

\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	25	492	\$ 3,738.52	\$ 7.60	20.500	\$ 149.54	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	20	474	\$ 2,717.04	\$ 5.73	19.750	\$ 135.85	\$
PRESCRIPTION DRUGS	14	33	2,350.49	71.23	1.375	167.89	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	14	33	2,350.49	71.23	1.375	167.89	
MEDICAL SUPPLIES	9	441	366.55	.83	18.375	40.73	
@DENTIST	0	0	.00	.00	.000	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	8	\$ 52.80	\$ 6.60	.333	\$ 52.80	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	8	52.80	6.60	.333	52.80	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	2	4	\$ 218.62	\$ 54.66	.167	\$ 109.31	\$
HOSP INPATIENT TOTAL	1	0	166.30	.00	.000	166.30	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	166.30	.00	.000	166.30	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	4	52.32	13.08	.167	52.32	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	4	52.32	13.08	.167	52.32	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND					AID CODES 26 6A
					----- MONTHLY AVERAGE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 218.62	\$ 54.66	.167	\$ 109.31
COMM HOSP INPATIENT TOTAL	1	0	166.30	.00	.000	166.30
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	1	0	166.30	.00	.000	166.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	4	52.32	13.08	.167	52.32
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	52.32	13.08	.167	52.32
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00

@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	750.06	\$	125.01	.250	\$	125.01	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	6	6		750.06		125.01	.250		125.01	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	9	52	\$ 496.97	\$ 9.56	2.167	\$ 55.22	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	358	2,316	\$ 127,320.38	\$ 54.97	7.904	\$ 355.64	\$
@PHYSICIANS SERVICES	45	896	\$ 1,479.72	\$ 1.65	3.058	\$ 32.88	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	45	896	1,479.72	1.65	3.058	32.88	
@PHARMACY	243	1,076	\$ 109,157.24	\$ 101.45	3.672	\$ 449.21	\$
PRESCRIPTION DRUGS	239	1,040	107,224.95	103.10	3.549	448.64	

SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	239	1,040	107,224.95	103.10	3.549	448.64
MEDICAL SUPPLIES	22	36	1,932.29	53.67	.123	87.83
@DENTIST	5	5	\$ 262.00	\$ 52.40	.017	\$ 52.40
VISITS - DIAGNOSTIC	2	2	58.00	29.00	.007	29.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.003	39.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	2	2	165.00	82.50	.007	82.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C					

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@OPTOMETRIST	5	15	\$ 270.94	\$ 18.06	.051	\$ 54.19	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.007	47.45	
EYE APPLIANCES	5	13	223.49	17.19	.044	44.70	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	11	11	\$ 101.05	\$ 9.19	.038	\$ 9.19	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	11	11	101.05	9.19	.038	9.19	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	44	97	\$ 6,347.23	\$ 65.44	.331	\$ 144.26	\$
HOSP INPATIENT TOTAL	9	0	4,621.13	.00	.000	513.46	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	9	0	4,621.13	.00	.000	513.46	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	40	97	1,726.10	17.79	.331	43.15	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	40	97	1,726.10	17.79	.331	43.15
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C					
					----- MONTHLY AVERAGE -	
293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	44	97	\$ 6,347.23	\$ 65.44	.331	\$ 144.26
COMM HOSP INPATIENT TOTAL	9	0	4,621.13	.00	.000	513.46
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	9	0	4,621.13	.00	.000	513.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	40	97	1,726.10	17.79	.331	43.15
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	40	97	1,726.10	17.79	.331	43.15
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	75	101	\$	5,598.99	\$	55.44	.345	\$ 74.65 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	75	101		5,598.99		55.44	.345	74.65

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	31	115	\$ 4,103.21	\$ 35.68	.392	\$ 132.36	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	8	26	303.15	11.66	.089	37.89	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	23	89	3,800.06	42.70	.304	165.22	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	116	1,127	\$ 12,519.96	\$ 11.11	3.846	\$ 107.93	\$



@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$

LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

728 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	919	16,028	\$ 376,041.30	\$ 23.46	22.016	\$ 409.19	\$
@PHYSICIANS SERVICES	120	1,090	\$ 3,636.54	\$ 3.34	1.497	\$ 30.30	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	120	1,090	3,636.54	3.34	1.497	30.30	
@PHARMACY	646	11,737	\$ 265,137.06	\$ 22.59	16.122	\$ 410.43	\$
PRESCRIPTION DRUGS	609	2,802	256,610.62	91.58	3.849	421.36	
SNF/ICF	18	145	6,389.54	44.07	.199	354.97	
OUTPATIENTS	591	2,657	250,221.08	94.17	3.650	423.39	
MEDICAL SUPPLIES	93	8,935	8,526.44	.95	12.273	91.68	
@DENTIST	8	9	\$ 507.00	\$ 56.33	.012	\$ 63.38	\$
VISITS - DIAGNOSTIC	4	4	108.00	27.00	.005	27.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	

ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	2	2	94.00	47.00	.003	47.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	3	3	305.00	101.67	.004	101.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

728 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	11	37	\$ 688.55	\$ 18.61	.051	\$ 62.60	\$
DIAGNOSTIC AND ANC. PROCED	5	9	197.81	21.98	.012	39.56	
EYE APPLIANCES	10	28	490.74	17.53	.038	49.07	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	13	20	\$ 160.02	\$ 8.00	.027	\$ 12.31	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	13	20	160.02	8.00	.027	12.31	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	1	1	\$ 15.66	\$ 15.66	.001	\$ 15.66	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	98	222	\$ 18,500.61	\$ 83.34	.305	\$ 188.78	\$
HOSP INPATIENT TOTAL	24	0	14,687.75	.00	.000	611.99	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	24	0	14,687.75	.00	.000	611.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	89	222	3,812.86	17.18	.305	42.84	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.001	14.87	
PATHOLOGY	1	1	11.90	11.90	.001	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.003	178.64	
CROSSOVERS/ALL OTH OUTPTNT	89	218	3,607.45	16.55	.299	40.53	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

728 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E	
@COMMUNITY HOSPITAL TOTAL	98	222	\$ 18,500.61	\$ 83.34	.305	\$ 188.78	\$
COMM HOSP INPATIENT TOTAL	24	0	14,687.75	.00	.000	611.99	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	24	0	14,687.75	.00	.000	611.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	89	222	3,812.86	17.18	.305	42.84	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.001	14.87	
PATHOLOGY	1	1	11.90	11.90	.001	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.003	178.64	

CROSSOVERS/ALL OTH OUTPTNT	89	218		3,607.45	16.55	.299	40.53	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	23	393	\$	60,268.29	153.35	.540	2620.36	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	23	393		60,268.29	153.35	.540	2620.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1	1	\$	20.34	20.34	.001	20.34	\$
PATHOLOGY	1	1		20.34	20.34	.001	20.34	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	186	303	\$	17,570.55	57.99	.416	94.47	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	186	303		17,570.55	57.99	.416	94.47	

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

728 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	114	2,215	\$ 9,536.68	\$ 4.31	3.043	\$ 83.66	\$
DURABLE MED. EQUIP.	5	95	2,020.93	21.27	.130	404.19	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8	69.02	8.63	.011	34.51	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	2	8	69.02	8.63	.011	34.51	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	21	60	680.02	11.33	.082	32.38	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	



SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	88	2,052	6,766.71	3.30	2.819	76.89
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	299	2,485	\$ 40,723.13	\$ 16.39	3.413	\$ 136.20

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	533	16,783	\$ 227,658.45	\$ 13.56	34.251	\$ 427.13	\$
@PHYSICIANS SERVICES	74	244	\$ 2,611.02	\$ 10.70	.498	\$ 35.28	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	74	244	2,611.02	10.70	.498	35.28	
@PHARMACY	395	14,608	\$ 154,531.62	\$ 10.58	29.812	\$ 391.22	\$
PRESCRIPTION DRUGS	359	1,774	148,444.69	83.68	3.620	413.49	
SNF/ICF	3	26	630.61	24.25	.053	210.20	
OUTPATIENTS	358	1,748	147,814.08	84.56	3.567	412.89	
MEDICAL SUPPLIES	67	12,834	6,086.93	.47	26.192	90.85	
@DENTIST	2	4	\$ 123.00	\$ 30.75	.008	\$ 61.50	\$

490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
VISITS - DIAGNOSTIC	2	4	123.00	30.75	.008	61.50	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18							
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.006	\$ 53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	53.11	17.70	.006	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$ .00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	8	9	\$ 75.21	\$ 8.36	.018	\$ 9.40	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	8	9	75.21	8.36	.018	9.40	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	.00	\$
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	\$ .00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$ .00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	\$ .00	.000	.00	\$
@TOTAL HOSPITAL	70	520	\$ 16,470.85	\$ 31.67	1.061	\$ 235.30	\$
HOSP INPATIENT TOTAL	14	0	12,137.17	.00	.000	866.94	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	14	0	12,137.17	.00	.000	866.94	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	64	520	4,333.68	8.33	1.061	67.71	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	64	520	4,333.68	8.33	1.061	67.71	

@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	70	520	\$ 16,470.85	\$ 31.67	1.061	\$ 235.30	\$
COMM HOSP INPATIENT TOTAL	14	0	12,137.17	.00	.000	866.94	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	14	0	12,137.17	.00	.000	866.94	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	64	520	4,333.68	8.33	1.061	67.71	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	64	520	4,333.68	8.33	1.061	67.71	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	18	336	\$ 42,422.79	\$ 126.26	.686	\$ 2356.82	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	18	336	42,422.79	126.26	.686	2356.82	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	67	129	\$	4,277.59	\$	33.16	.263 \$ 63.84
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	67	129		4,277.59	33.16	.263	63.84

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	135	930	\$ 7,093.26	\$ 7.63	1.898	\$ 52.54	\$
DURABLE MED. EQUIP.	3	4	211.03	52.76	.008	70.34	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	520	754.26	1.45	1.061	251.42	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	520	754.26	1.45	1.061	251.42	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	11	27	312.56	11.58	.055	28.41	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	121	379	5,815.41	15.34	.773	48.06
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	212	6,020	\$ 32,107.43	\$ 5.33	12.286	\$ 151.45

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$

PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND					
				AID CODE 28		
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND					
	AID CODE 28					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE -		C E
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00

LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 MOP024 FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	207	4,771	\$ 123,116.80	\$ 25.81	20.654	\$ 594.77	\$
@PHYSICIANS SERVICES	36	146	\$ 4,222.37	\$ 28.92	.632	\$ 117.29	\$
OUTPATIENT VISITS	1	1	59.50	59.50	.004	59.50	
OFFICE VISITS	1	1	59.50	59.50	.004	59.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.004	38.43	
EXAMINATIONS	1	1	38.43	38.43	.004	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	492.00	246.00	.009	492.00	
PRINCIPAL SURGEON	1	2	492.00	246.00	.009	492.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	48.20	48.20	.004	48.20	

RADIOLOGY	1	1		21.60	21.60	.004	21.60	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	34	140		3,562.64	25.45	.606	104.78	
@PHARMACY	143	4,155	\$	92,419.63	\$ 22.24	17.987	\$ 646.29	\$
PRESCRIPTION DRUGS	133	622		91,479.52	147.07	2.693	687.82	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	133	622		91,479.52	147.07	2.693	687.82	
MEDICAL SUPPLIES	15	3,533		940.11	.27	15.294	62.67	
@DENTIST	2	48	\$	2,282.00	\$ 47.54	.208	\$ 1141.00	\$
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.009	25.00	
ORAL SURGERY	2	44		2,132.00	48.45	.190	1066.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	2	2		100.00	50.00	.009	50.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	8	17	\$ 320.09	\$ 18.83	.074	\$ 40.01	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	6	13	225.19	17.32	.056	37.53	
OTHER OPTOMETRIC SERVICES	2	4	94.90	23.73	.017	47.45	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	-\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	-\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
@TOTAL HOSPITAL	28	100	\$ 5,558.48	\$ 55.58	.433	\$ 198.52	\$
HOSP INPATIENT TOTAL	3	0	2,700.00	.00	.000	900.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	

ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	2,700.00	.00	.000	900.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	27	100	2,858.48	28.58	.433	105.87	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.34	14.34	.004	14.34	
PATHOLOGY	3	5	63.33	12.67	.022	21.11	
RADIOLOGY	1	1	65.84	65.84	.004	65.84	
ROOM USE	1	2	172.30	86.15	.009	172.30	
CROSSOVERS/ALL OTH OUTPTNT	23	91	2,542.67	27.94	.394	110.55	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						
	AID CODE 68						
	----- MONTHLY AVERAGE -						
231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	28	100	\$ 5,558.48	\$ 55.58	.433	\$ 198.52	\$
COMM HOSP INPATIENT TOTAL	3	0	2,700.00	.00	.000	900.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	2,700.00	.00	.000	900.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	27	100	2,858.48	28.58	.433	105.87	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.34	14.34	.004	14.34	
PATHOLOGY	3	5	63.33	12.67	.022	21.11	
RADIOLOGY	1	1	65.84	65.84	.004	65.84	
ROOM USE	1	2	172.30	86.15	.009	172.30	
CROSSOVERS/ALL OTH OUTPTNT	23	91	2,542.67	27.94	.394	110.55	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	

@NURSING FACILITY	5	0	\$	4,148.49	\$	.00	.000	\$	829.70	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	5	0		4,148.49		.00	.000		829.70	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	8	\$	119.12	\$	14.89	.035	\$	39.71	\$
PATHOLOGY	3	8		119.12		14.89	.035		39.71	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	58	158	\$	7,471.59	\$	47.29	.684	\$	128.82	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	58	158		7,471.59		47.29	.684		128.82	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	43	139	\$ 6,575.03	\$ 47.30	.602	\$ 152.91	\$
DURABLE MED. EQUIP.	2	2	75.05	37.53	.009	37.53	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	10	33	4,916.21	148.98	.143	491.62	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	5	16	159.20	9.95	.069	31.84	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	

EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	27	88	1,424.57	16.19	.381	52.76
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	62	1,165	\$ 14,948.85	\$ 12.83	5.043	\$ 241.11

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	

721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	740	21,554	\$ 350,775.25	\$ 16.27	29.895	\$ 474.02	\$
@PHYSICIANS SERVICES	110	390	\$ 6,833.39	\$ 17.52	.541	\$ 62.12	\$
OUTPATIENT VISITS	1	1	59.50	59.50	.001	59.50	
OFFICE VISITS	1	1	59.50	59.50	.001	59.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.001	38.43	
EXAMINATIONS	1	1	38.43	38.43	.001	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	492.00	246.00	.003	492.00	
PRINCIPAL SURGEON	1	2	492.00	246.00	.003	492.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	48.20	48.20	.001	48.20	
RADIOLOGY	1	1	21.60	21.60	.001	21.60	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	108	384	6,173.66	16.08	.533	57.16	
@PHARMACY	538	18,763	\$ 246,951.25	\$ 13.16	26.024	\$ 459.02	\$
PRESCRIPTION DRUGS	492	2,396	239,924.21	100.14	3.323	487.65	
SNF/ICF	3	26	630.61	24.25	.036	210.20	
OUTPATIENTS	491	2,370	239,293.60	100.97	3.287	487.36	
MEDICAL SUPPLIES	82	16,367	7,027.04	.43	22.700	85.70	
@DENTIST	4	52	\$ 2,405.00	\$ 46.25	.072	\$ 601.25	\$
VISITS - DIAGNOSTIC	4	6	173.00	28.83	.008	43.25	
ORAL SURGERY	2	44	2,132.00	48.45	.061	1066.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	2	2	100.00	50.00	.003	50.00	

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - TOTAL

721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E	
@OPTOMETRIST	9	20	\$ 373.20	\$ 18.66	.028	\$ 41.47	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	7	16	278.30	17.39	.022	39.76	
OTHER OPTOMETRIC SERVICES	2	4	94.90	23.73	.006	47.45	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	8	9	\$ 75.21	\$ 8.36	.012	\$ 9.40	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	8	9	75.21	8.36	.012	9.40	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	98	620	\$ 22,029.33	\$ 35.53	.860	\$ 224.79	\$
HOSP INPATIENT TOTAL	17	0	14,837.17	.00	.000	872.77	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	17	0	14,837.17	.00	.000	872.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	91	620	7,192.16	11.60	.860	79.03
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	1	1	14.34	14.34	.001	14.34
PATHOLOGY	3	5	63.33	12.67	.007	21.11
RADIOLOGY	1	1	65.84	65.84	.001	65.84
ROOM USE	1	2	172.30	86.15	.003	172.30
CROSSOVERS/ALL OTH OUTPTNT	87	611	6,876.35	11.25	.847	79.04
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	98	620	\$ 22,029.33	\$ 35.53	.860	\$ 224.79	\$
COMM HOSP INPATIENT TOTAL	17	0	14,837.17	.00	.000	872.77	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	17	0	14,837.17	.00	.000	872.77	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	91	620	7,192.16	11.60	.860	79.03	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.34	14.34	.001	14.34	
PATHOLOGY	3	5	63.33	12.67	.007	21.11	
RADIOLOGY	1	1	65.84	65.84	.001	65.84	

ROOM USE	1	2	172.30	86.15	.003	172.30
CROSSOVERS/ALL OTH OUTPTNT	87	611	6,876.35	11.25	.847	79.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	23	336	\$ 46,571.28	\$ 138.61	.466	\$ 2024.84
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	23	336	46,571.28	138.61	.466	2024.84
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	3	8	\$ 119.12	\$ 14.89	.011	\$ 39.71
PATHOLOGY	3	8	119.12	14.89	.011	39.71
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	125	287	\$ 11,749.18	\$ 40.94	.398	\$ 93.99
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	125	287	11,749.18	40.94	.398	93.99

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	178	1,069	\$ 13,668.29	\$ 12.79	1.483	\$ 76.79	\$
DURABLE MED. EQUIP.	5	6	286.08	47.68	.008	57.22	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	520	754.26	1.45	.721	251.42	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	520	754.26	1.45	.721	251.42	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	10	33	4,916.21	148.98	.046	491.62	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	16	43	471.76	10.97	.060	29.49	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	



PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	148	467	7,239.98	15.50	.648	48.92
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	274	7,185	\$ 47,056.28	\$ 6.55	9.965	\$ 171.74

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED		

3,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	3,398	70,903	\$ 1,202,904.99	\$ 16.97	22.213	\$ 354.00	\$
@PHYSICIANS SERVICES	448	1,264	\$ 18,579.41	\$ 14.70	.396	\$ 41.47	\$
OUTPATIENT VISITS	2	2	61.50	30.75	.001	30.75	
OFFICE VISITS	2	2	61.50	30.75	.001	30.75	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	2.80	2.80	.000	2.80	
RADIOLOGY	2	2	15.47	7.74	.001	7.74	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	446	1,259	18,499.64	14.69	.394	41.48	
@PHARMACY	2,434	46,403	\$ 790,327.22	\$ 17.03	14.537	\$ 324.70	\$
PRESCRIPTION DRUGS	2,305	9,474	767,777.31	81.04	2.968	333.09	
SNF/ICF	60	450	24,666.26	54.81	.141	411.10	
OUTPATIENTS	2,250	9,024	743,111.05	82.35	2.827	330.27	
MEDICAL SUPPLIES	267	36,929	22,549.91	.61	11.569	84.46	

@DENTIST	25	52	\$	2,919.35	\$	56.14	.016	\$	116.77	\$
VISITS - DIAGNOSTIC	17	28		521.35		18.62	.009		30.67	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	5	13		245.00		18.85	.004		49.00	
PROSTHETICS	1	1		30.00		30.00	.000		30.00	
DENTURES, STAYPLATES	6	10		2,123.00		212.30	.003		353.83	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

3,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	48	145	\$ 2,731.22	\$ 18.84	.045	\$ 56.90	\$
DIAGNOSTIC AND ANC. PROCED	14	25	577.41	23.10	.008	41.24	
EYE APPLIANCES	43	114	2,056.88	18.04	.036	47.83	
OTHER OPTOMETRIC SERVICES	3	6	96.93	16.16	.002	32.31	
@CHIROPRACITOR	2	3	\$ 50.16	\$ 16.72	.001	\$ 25.08	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	2	3	50.16	16.72	.001	25.08	
@PODIATRIST	44	68	\$ 658.09	\$ 9.68	.021	\$ 14.96	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	44	68	658.09	9.68	.021	14.96	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	1	1	\$ 15.66	\$ 15.66	.000	\$ 15.66	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	327	1,075	\$ 91,261.35	\$ 84.89	.337	\$ 279.09	\$
HOSP INPATIENT TOTAL	79	17	76,702.06	4511.89	.005	970.91	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	4	17	26,388.94	1552.29	.005	6597.24	
ACCOMMODATIONS	4	17	11,552.54	679.56	.005	2888.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	17	11,552.54	679.56	.005	2888.14	
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	75	0	50,313.12	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	296	1,058	14,559.29	13.76	.331	49.19	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.000	14.87	
PATHOLOGY	1	1	11.90	11.90	.000	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.001	178.64	

CROSSOVERS/ALL OTH OUTPTNT	296	1,054		14,353.88		13.62	.330	48.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00

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						----- MONTHLY AVERAGE -		
3,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	327	1,075	\$	91,261.35	\$ 84.89	.337	\$ 279.09	\$
COMM HOSP INPATIENT TOTAL	79	17		76,702.06	4511.89	.005	970.91	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	4	17		26,388.94	1552.29	.005	6597.24	
ACCOMMODATIONS	4	17		11,552.54	679.56	.005	2888.14	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	4	17		11,552.54	679.56	.005	2888.14	
ANCILLARIES	4	0		14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	75	0		50,313.12	.00	.000	670.84	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	296	1,058		14,559.29	13.76	.331	49.19	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	1	1		14.87	14.87	.000	14.87	
PATHOLOGY	1	1		11.90	11.90	.000	11.90	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	1	2		178.64	89.32	.001	178.64	
CROSSOVERS/ALL OTH OUTPTNT	296	1,054		14,353.88	13.62	.330	48.49	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	87	1,557	\$	226,468.49	145.45	.488	2603.09	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	87	1,557		226,468.49	145.45	.488	2603.09	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	2	3	\$	31.69	10.56	.001	15.85	\$
PATHOLOGY	1	1		20.34	20.34	.000	20.34	
XO AND OTHERS	1	2		11.35	5.68	.001	11.35	
@ORGANIZED OUTPATIENT CLINIC	555	875	\$	38,006.02	43.44	.274	68.48	\$
CLINIC	1	1		79.78	79.78	.000	79.78	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	554	874		37,926.24	43.39	.274	68.46	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

3,192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	589	19,457	\$ 31,856.33	\$ 1.64	6.096	\$ 54.09	\$
DURABLE MED. EQUIP.	14	107	2,538.16	23.72	.034	181.30	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	19	901	1,836.34	2.04	.282	96.65	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	17	884	1,822.88	2.06	.277	107.23	
OTHER SERVICES	3	17	13.46	.79	.005	4.49	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	93	242	2,568.06	10.61	.076	27.61	

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	3	4	1,082.51	270.63	.001	360.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	475	18,203	23,831.26	1.31	5.703	50.17
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,136	15,380	\$ 149,873.60	\$ 9.74	4.818	\$ 131.93

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND		

296 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	300	10,853	\$ 128,009.19	\$ 11.79	36.666	\$ 426.70	\$
@PHYSICIANS SERVICES	48	114	\$ 3,284.57	\$ 28.81	.385	\$ 68.43	\$
OUTPATIENT VISITS	13	15	751.53	50.10	.051	57.81	
OFFICE VISITS	11	13	650.45	50.03	.044	59.13	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.003	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	32.73	32.73	.003	32.73	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2	851.26	425.63	.007	851.26	
PRINCIPAL SURGEON	1	1	709.38	709.38	.003	709.38	
ASSISTANT SURGEON	1	1	141.88	141.88	.003	141.88	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4	179.86	44.97	.014	44.97	
PRINCIPAL SURGEON	4	4	179.86	44.97	.014	44.97	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	2	78.60	39.30	.007	39.30	
RADIOLOGY	11	19	217.95	11.47	.064	19.81	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4	200.00	50.00	.014	200.00	
OTHER SERVICES/ALL X-OVERS	27	68	1,005.37	14.78	.230	37.24	

@PHARMACY	236	9,888	\$	80,144.81	\$	8.11	33.405	\$	339.60	\$	
PRESCRIPTION DRUGS	208	729		72,837.81		99.91	2.463		350.18		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	208	729		72,837.81		99.91	2.463		350.18		
MEDICAL SUPPLIES	55	9,159		7,307.00		.80	30.943		132.85		
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		
ORAL SURGERY	0	0		.00		.00	.000		.00		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	0	0		.00		.00	.000		.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND										

296 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	6	10	\$ 209.76	\$ 20.98	.034	\$ 34.96	\$
DIAGNOSTIC AND ANC. PROCED	4	4	124.06	31.02	.014	31.02	
EYE APPLIANCES	2	6	85.70	14.28	.020	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACOR	3	4	\$ 65.55	\$ 16.39	.014	\$ 21.85	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	3	4	65.55	16.39	.014	21.85	
@PODIATRIST	1	8	\$ 52.80	\$ 6.60	.027	\$ 52.80	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	8	52.80	6.60	.027	52.80	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	2	10	\$ 197.70	\$ 19.77	.034	\$ 98.85	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	37	181	\$ 25,282.63	\$ 139.68	.611	\$ 683.31	\$
HOSP INPATIENT TOTAL	6	8	21,224.94	2653.12	.027	3537.49	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	3	8	20,144.24	2518.03	.027	6714.75	
ACCOMMODATIONS	3	8	4,579.46	572.43	.027	1526.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	8	4,579.46	572.43	.027	1526.49	
ANCILLARIES	3	0	15,564.78	.00	.000	5188.26	
INPATIENT CROSSOVERS	3	0	1,080.70	.00	.000	360.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	33	173	4,057.69	23.45	.584	122.96	

MEDICAL	13	15	809.48	53.97	.051	62.27
SURGERY	2	2	228.84	114.42	.007	114.42
PATHOLOGY	7	29	499.34	17.22	.098	71.33
RADIOLOGY	9	14	400.37	28.60	.047	44.49
ROOM USE	14	18	607.15	33.73	.061	43.37
CROSSOVERS/ALL OTH OUTPTNT	23	95	1,512.51	15.92	.321	65.76
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND					

296 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	37	181	\$ 25,282.63	\$ 139.68	.611	\$ 683.31	\$
COMM HOSP INPATIENT TOTAL	6	8	21,224.94	2653.12	.027	3537.49	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	3	8	20,144.24	2518.03	.027	6714.75	
ACCOMMODATIONS	3	8	4,579.46	572.43	.027	1526.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	8	4,579.46	572.43	.027	1526.49	
ANCILLARIES	3	0	15,564.78	.00	.000	5188.26	
INPATIENT CROSSOVERS	3	0	1,080.70	.00	.000	360.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	33	173	4,057.69	23.45	.584	122.96	
MEDICAL	13	15	809.48	53.97	.051	62.27	
SURGERY	2	2	228.84	114.42	.007	114.42	
PATHOLOGY	7	29	499.34	17.22	.098	71.33	
RADIOLOGY	9	14	400.37	28.60	.047	44.49	
ROOM USE	14	18	607.15	33.73	.061	43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95	1,512.51	15.92	.321	65.76	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	6	24	\$	335.93	\$	14.00	.081	\$ 55.99	\$
PATHOLOGY	6	24		335.93		14.00	.081	55.99	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	49	67	\$	5,459.50	\$	81.49	.226	\$ 111.42	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	49	67		5,459.50		81.49	.226	111.42	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	296 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@ALL OTHER PROVIDERS	37		547	\$ 12,975.94	\$ 23.72	1.848	\$ 350.70	\$
DURABLE MED. EQUIP.	5		21	8,437.10	401.77	.071	1687.42	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3		400	618.10	1.55	1.351	206.03	
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	
OTHER TRANS	3		400	618.10	1.55	1.351	206.03	
OTHER SERVICES	0		0	.00	.00	.000	.00	
ACUPUNCTURE	0		0	.00	.00	.000	.00	



ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00
OPTICIAN	4	16		252.47	15.78	.054	63.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	3	10		2,445.52	244.55	.034	815.17
PROSTHETICS	3	10		2,445.52	244.55	.034	815.17
ORTHOTICS	0	0		.00	.00	.000	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	24	100		1,222.75	12.23	.338	50.95
@CALIF. CHILDREN SERVICES*	23	758	\$	17,132.53	\$ 22.60	2.561	\$ 744.89
@XOVER EXCLUDING STATE HOSP**	69	3,113	\$	6,553.63	\$ 2.11	10.517	\$ 94.98

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

23,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	23,802	478,640	\$ 13,843,328.72	\$ 28.92	20.618	\$ 581.60	\$
@PHYSICIANS SERVICES	4,608	12,399	\$ 432,612.01	\$ 34.89	.534	\$ 93.88	\$
OUTPATIENT VISITS	1,084	1,432	54,558.75	38.10	.062	50.33	
OFFICE VISITS	944	1,218	43,798.15	35.96	.052	46.40	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	113	141	8,376.26	59.41	.006	74.13	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	12	36	1,337.13	37.14	.002	111.43	
OTHER OUTPATIENT	34	37	1,047.21	28.30	.002	30.80	
INPATIENT VISITS	115	341	17,471.92	51.24	.015	151.93	
HOSPITAL VISITS	97	295	11,992.16	40.65	.013	123.63	
CRITICAL CARE	11	33	4,952.66	150.08	.001	450.24	
SNF/ICF/TRANS IP CARE	13	13	527.10	40.55	.001	40.55	
OPHTHALMOLOGICAL SERVICES	127	184	6,989.47	37.99	.008	55.04	
EXAMINATIONS	127	184	6,989.47	37.99	.008	55.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	114	683	59,915.40	87.72	.029	525.57	
PRINCIPAL SURGEON	79	126	48,949.92	388.49	.005	619.62	
ASSISTANT SURGEON	10	10	1,995.97	199.60	.000	199.60	
ANESTHESIOLOGIST	35	547	8,969.51	16.40	.024	256.27	
OUTPATIENT SURGERY	311	647	76,454.29	118.17	.028	245.83	
PRINCIPAL SURGEON	282	367	70,536.23	192.20	.016	250.13	
ASSISTANT SURGEON	2	2	136.64	68.32	.000	68.32	
ANESTHESIOLOGIST	33	278	5,781.42	20.80	.012	175.19	
DIALYSIS	13	34	3,379.34	99.39	.001	259.95	

PATHOLOGY	261	453		8,985.05	19.83	.020	34.43	
RADIOLOGY	2,010	3,542		94,722.02	26.74	.153	47.13	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	19	61		2,536.78	41.59	.003	133.51	
OTHER SERVICES/ALL X-OVERS	1,533	5,022		107,598.99	21.43	.216	70.19	
@PHARMACY	16,255	259,234	\$	7,170,989.34	\$ 27.66	11.167	\$ 441.16	\$
PRESCRIPTION DRUGS	15,656	66,485		6,999,392.84	105.28	2.864	447.07	
SNF/ICF	107	1,106		106,051.56	95.89	.048	991.14	
OUTPATIENTS	15,552	65,379		6,893,341.28	105.44	2.816	443.24	
MEDICAL SUPPLIES	1,567	192,749		171,596.50	.89	8.303	109.51	
@DENTIST	245	1,131	\$	55,901.35	\$ 49.43	.049	\$ 228.17	\$
VISITS - DIAGNOSTIC	166	528		7,578.85	14.35	.023	45.66	
ORAL SURGERY	48	365		19,223.00	52.67	.016	400.48	
DRUGS	2	4		15.00	3.75	.000	7.50	
ANESTHESIA	20	20		1,800.00	90.00	.001	90.00	
PERIODONTICS	10	11		553.00	50.27	.000	55.30	
ENDODONTICS	8	8		1,162.00	145.25	.000	145.25	
RESTORATIVE DENTISTRY	40	99		5,739.50	57.97	.004	143.49	
PROSTHETICS	3	3		75.00	25.00	.000	25.00	
DENTURES, STAYPLATES	51	79		19,670.00	248.99	.003	385.69	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	2	3		50.00	16.67	.000	25.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	
ALL OTHER SERVICES	10	10		.00	.00	.000	.00	

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23,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	PER ELIG	USER	C F
@OPTOMETRIST	604	1,690	\$	32,495.62	\$ 19.23	.073	\$ 53.80	\$
DIAGNOSTIC AND ANC. PROCED	342	535		13,362.11	24.98	.023	39.07	
EYE APPLIANCES	415	1,129		18,718.42	16.58	.049	45.10	
OTHER OPTOMETRIC SERVICES	17	26		415.09	15.97	.001	24.42	
@CHIROPRACTOR	209	345	\$	5,716.28	\$ 16.57	.015	\$ 27.35	\$
VISITS	194	321		5,329.50	16.60	.014	27.47	
OTHER SERVICES	15	24		386.78	16.12	.001	25.79	
@PODIATRIST	211	309	\$	7,246.83	\$ 23.45	.013	\$ 34.35	\$
MEDICINE/INJECTIONS	120	142		4,445.26	31.30	.006	37.04	
SURGERY/ANES.	7	12		420.79	35.07	.001	60.11	
RADIO./PATHOLOGY	18	25		439.43	17.58	.001	24.41	
OTHER	83	130		1,941.35	14.93	.006	23.39	
@HOME HEALTH AGENCY	44	594	\$	34,974.12	\$ 58.88	.026	\$ 794.87	\$
NURSE ANESTHESIST	133	701	\$	13,859.51	\$ 19.77	.030	\$ 104.21	\$
NURSE MIDWIFE	9	22	\$	4,667.09	\$ 212.14	.001	\$ 518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	4,606	24,274	\$	3,842,433.77	\$ 158.29	1.046	\$ 834.22	\$
HOSP INPATIENT TOTAL	434	1,165		3,019,479.42	2591.83	.050	6957.33	
HSC HOSPITALS	22	121		185,110.00	1529.83	.005	8414.09	
NON-HSC HOSPITAL TOTAL	222	1,044		2,706,401.19	2592.34	.045	12191.00	
ACCOMMODATIONS	222	1,044		902,091.61	864.07	.045	4063.48	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	

ALL OTHER ACCOM	222	1,044	902,091.61	864.07	.045	4063.48	
ANCILLARIES	221	0	1,804,309.58	.00	.000	8164.30	
INPATIENT CROSSOVERS	194	0	127,968.23	.00	.000	659.63	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4,403	23,109	822,954.35	35.61	.995	186.91	
MEDICAL	1,729	3,508	225,572.34	64.30	.151	130.46	
SURGERY	356	448	28,808.11	64.30	.019	80.92	
PATHOLOGY	1,589	7,327	86,940.46	11.87	.316	54.71	
RADIOLOGY	1,550	2,305	187,728.72	81.44	.099	121.12	
ROOM USE	1,686	2,851	114,970.49	40.33	.123	68.19	
CROSSOVERS/ALL OTH OUTPTNT	2,405	6,670	178,934.23	26.83	.287	74.40	
@COUNTY HOSPITAL TOTAL	11	28	\$ 8,671.77	\$ 309.71	.001	\$ 788.34	\$
CO HOSPITAL INPATIENT TOTAL	2	7	8,120.00	1160.00	.000	4060.00	
HSC HOSPITALS	2	7	8,120.00	1160.00	.000	4060.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	9	21	551.77	26.27	.001	61.31	
MEDICAL	3	3	68.18	22.73	.000	22.73	
SURGERY	1	1	70.60	70.60	.000	70.60	
PATHOLOGY	1	7	60.24	8.61	.000	60.24	
RADIOLOGY	1	4	71.50	17.88	.000	71.50	
ROOM USE	3	3	102.01	34.00	.000	34.00	
CROSSOVERS/ALL OTH OUTPTNT	3	3	179.24	59.75	.000	59.75	

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						----- MONTHLY AVERAGE -		
23,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E
@COMMUNITY HOSPITAL TOTAL	4,600	24,246	\$ 3,833,762.00	\$ 158.12	1.044	\$ 833.43	\$	
COMM HOSP INPATIENT TOTAL	433	1,158	3,011,359.42	2600.48	.050	6954.64		
HSC HOSPITALS	20	114	176,990.00	1552.54	.005	8849.50		
NON-HSC HOSPITALS TOTAL	222	1,044	2,706,401.19	2592.34	.045	12191.00		
ACCOMMODATIONS	222	1,044	902,091.61	864.07	.045	4063.48		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	222	1,044	902,091.61	864.07	.045	4063.48		
ANCILLARIES	221	0	1,804,309.58	.00	.000	8164.30		
INPATIENT CROSSOVERS	194	0	127,968.23	.00	.000	659.63		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	4,397	23,088	822,402.58	35.62	.995	187.04		
MEDICAL	1,726	3,505	225,504.16	64.34	.151	130.65		
SURGERY	355	447	28,737.51	64.29	.019	80.95		
PATHOLOGY	1,589	7,320	86,880.22	11.87	.315	54.68		
RADIOLOGY	1,549	2,301	187,657.22	81.55	.099	121.15		
ROOM USE	1,684	2,848	114,868.48	40.33	.123	68.21		
CROSSOVERS/ALL OTH OUTPTNT	2,402	6,667	178,754.99	26.81	.287	74.42		
@STATE HOSPITAL	12	365	\$ 256,167.95	\$ 701.83	.016	\$ 21347.33	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		

DEVELOP. DISABLED	12	365		256,167.95	701.83	.016	21347.33	
@NURSING FACILITY	91	1,635	\$	262,506.53	\$ 160.55	.070	\$ 2884.69	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8		4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	90	1,627		257,865.97	158.49	.070	2865.18	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	43	230	\$	34,520.29	\$ 150.09	.010	\$ 802.80	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	43	230		34,520.29	150.09	.010	802.80	
@REHABILITATION FACILITY	5	29	\$	1,008.70	\$ 34.78	.001	\$ 201.74	\$
HOSPITAL BASED	5	29		1,008.70	34.78	.001	201.74	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1,615	5,677	\$	76,892.15	\$ 13.54	.245	\$ 47.61	\$
PATHOLOGY	1,611	5,661		76,829.33	13.57	.244	47.69	
XO AND OTHERS	4	16		62.82	3.93	.001	15.71	
@ORGANIZED OUTPATIENT CLINIC	7,298	11,388	\$	1,014,718.96	\$ 89.10	.491	\$ 139.04	\$
CLINIC	11	16		1,337.59	83.60	.001	121.60	
SURGICENTER	3	21		965.47	45.97	.001	321.82	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	7,289	11,351		1,012,415.90	89.19	.489	138.90	

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 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

23,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	2,791	158,617	\$ 596,618.22	\$ 3.76	6.833	\$ 213.77	\$
DURABLE MED. EQUIP.	168	377	90,073.40	238.92	.016	536.15	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	481	96,588	259,495.95	2.69	4.161	539.49	
AMBULANCES/AIR TRANS	400	10,683	111,921.72	10.48	.460	279.80	
OTHER TRANS	79	85,333	125,514.84	1.47	3.676	1588.80	
OTHER SERVICES	103	572	22,059.39	38.57	.025	214.17	
ACUPUNCTURE	8	21	368.83	17.56	.001	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.010	1280.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	33	121	16,076.52	132.86	.005	487.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	647	1,694	16,508.17	9.75	.073	25.51	
PHYSICAL THERAPIST	221	2,160	33,038.96	15.30	.093	149.50	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	20	120	25,631.29	213.59	.005	1281.56	
PROSTHETICS	20	120	25,631.29	213.59	.005	1281.56	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	36	140	4,304.87	30.75	.006	119.58	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

LOCAL EDUCATION AGENCIES	368	5,202		39,890.55		7.67	.224	108.40	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	922	51,928		92,281.54		1.78	2.237	100.09	
@CALIF. CHILDREN SERVICES*	87	1,248	\$	200,048.10	\$	160.29	.054	\$ 2299.40	\$
@XOVER EXCLUDING STATE HOSP**	3,058	40,517	\$	371,670.94	\$	9.17	1.745	\$ 121.54	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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	29,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	15,148	70,568	\$	4,523,722.15	\$ 64.10	2.395	\$ 298.63	\$
@PHYSICIANS SERVICES	2,479	4,797	\$	197,553.32	\$ 41.18	.163	\$ 79.69	\$
OUTPATIENT VISITS	598	741		28,447.87	38.39	.025	47.57	
OFFICE VISITS	497	580		20,651.34	35.61	.020	41.55	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	73	79		4,261.65	53.94	.003	58.38	
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	14	56		2,513.78	44.89	.002	179.56	
OTHER OUTPATIENT	23	25		966.27	38.65	.001	42.01	
INPATIENT VISITS	69	316		32,773.82	103.71	.011	474.98	
HOSPITAL VISITS	58	163		8,540.44	52.40	.006	147.25	
CRITICAL CARE	17	153		24,233.38	158.39	.005	1425.49	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	25	25		946.83	37.87	.001	37.87	
EXAMINATIONS	25	25		946.83	37.87	.001	37.87	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	52	227		31,458.58	138.58	.008	604.97	
PRINCIPAL SURGEON	38	51		26,321.11	516.10	.002	692.66	
ASSISTANT SURGEON	7	7		1,293.90	184.84	.000	184.84	
ANESTHESIOLOGIST	16	169		3,843.57	22.74	.006	240.22	

OUTPATIENT SURGERY	192	522		35,007.09	67.06	.018	182.33	
PRINCIPAL SURGEON	177	213		31,264.04	146.78	.007	176.63	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	20	309		3,743.05	12.11	.010	187.15	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	98	167		3,456.87	20.70	.006	35.27	
RADIOLOGY	1,636	2,310		51,186.21	22.16	.078	31.29	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	30	95		733.75	7.72	.003	24.46	
OTHER SERVICES/ALL X-OVERS	212	394		13,542.30	34.37	.013	63.88	
@PHARMACY	7,032	16,735	\$	937,550.00	\$ 56.02	.568	\$ 133.33	\$
PRESCRIPTION DRUGS	6,993	16,485		923,097.60	56.00	.559	132.00	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	6,993	16,485		923,097.60	56.00	.559	132.00	
MEDICAL SUPPLIES	152	250		14,452.40	57.81	.008	95.08	
@DENTIST	263	1,617	\$	57,408.55	\$ 35.50	.055	\$ 218.28	\$
VISITS - DIAGNOSTIC	210	932		14,668.80	15.74	.032	69.85	
ORAL SURGERY	58	343		20,787.00	60.60	.012	358.40	
DRUGS	5	6		15.00	2.50	.000	3.00	
ANESTHESIA	22	22		2,100.00	95.45	.001	95.45	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	11	16		1,683.00	105.19	.001	153.00	
RESTORATIVE DENTISTRY	64	227		10,618.00	46.78	.008	165.91	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	10	14		3,758.00	268.43	.000	375.80	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	9	11		550.00	50.00	.000	61.11	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	29	32		3,022.50	94.45	.001	104.22	
ALL OTHER SERVICES	14	14		206.25	14.73	.000	14.73	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

						----- MONTHLY AVERAGE -			
29,465 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		
@OPTOMETRIST	415	1,216	\$	23,143.47	\$ 19.03	.041	\$ 55.77	\$	
DIAGNOSTIC AND ANC. PROCED	292	476		12,210.27	25.65	.016	41.82		
EYE APPLIANCES	268	737		10,903.64	14.79	.025	40.69		
OTHER OPTOMETRIC SERVICES	3	3		29.56	9.85	.000	9.85		
@CHIROPRACTOR	99	150	\$	2,474.56	\$ 16.50	.005	\$ 25.00	\$	
VISITS	99	150		2,474.56	16.50	.005	25.00		
OTHER SERVICES	0	0		.00	.00	.000	.00		
@PODIATRIST	53	69	\$	2,386.44	\$ 34.59	.002	\$ 45.03	\$	
MEDICINE/INJECTIONS	52	64		2,254.13	35.22	.002	43.35		
SURGERY/ANES.	1	1		63.11	63.11	.000	63.11		
RADIO./PATHOLOGY	2	4		69.20	17.30	.000	34.60		
OTHER	0	0		.00	.00	.000	.00		
@HOME HEALTH AGENCY	9	74	\$	4,747.33	\$ 64.15	.003	\$ 527.48	\$	
NURSE ANESTHESIST	171	936	\$	18,513.00	\$ 19.78	.032	\$ 108.26	\$	
NURSE MIDWIFE	67	148	\$	27,174.18	\$ 183.61	.005	\$ 405.58	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$	
FAMILY NURSE PRACTITIONER	4	5	\$	139.20	\$ 27.84	.000	\$ 34.80	\$	
@TOTAL HOSPITAL	3,921	19,906	\$	1,943,583.49	\$ 97.64	.676	\$ 495.69	\$	
HOSP INPATIENT TOTAL	203	790		1,300,012.79	1645.59	.027	6404.00		

HSC HOSPITALS	20	128	204,941.01	1601.10	.004	10247.05	
NON-HSC HOSPITAL TOTAL	184	662	1,095,071.78	1654.19	.022	5951.48	
ACCOMMODATIONS	184	662	472,835.27	714.25	.022	2569.76	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	184	662	472,835.27	714.25	.022	2569.76	
ANCILLARIES	184	0	622,236.51	.00	.000	3381.72	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,826	19,116	643,570.70	33.67	.649	168.21	
MEDICAL	2,101	2,881	176,216.88	61.17	.098	83.87	
SURGERY	392	506	29,118.05	57.55	.017	74.28	
PATHOLOGY	1,494	5,116	65,254.47	12.75	.174	43.68	
RADIOLOGY	1,284	1,722	105,994.72	61.55	.058	82.55	
ROOM USE	2,531	3,635	137,726.60	37.89	.123	54.42	
CROSSOVERS/ALL OTH OUTPTNT	1,783	5,256	129,259.98	24.59	.178	72.50	
@COUNTY HOSPITAL TOTAL	4	13	\$ 407.91	\$ 31.38	.000	\$ 101.98	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	13	407.91	31.38	.000	101.98	
MEDICAL	1	1	63.97	63.97	.000	63.97	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	3	20.89	6.96	.000	20.89	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	2	2	68.20	34.10	.000	34.10	
CROSSOVERS/ALL OTH OUTPTNT	3	7	254.85	36.41	.000	84.95	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	29,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,918	19,893	\$	1,943,175.58	\$ 97.68	.675	\$ 495.96	\$
COMM HOSP INPATIENT TOTAL	203	790		1,300,012.79	1645.59	.027	6404.00	
HSC HOSPITALS	20	128		204,941.01	1601.10	.004	10247.05	
NON-HSC HOSPITALS TOTAL	184	662		1,095,071.78	1654.19	.022	5951.48	
ACCOMMODATIONS	184	662		472,835.27	714.25	.022	2569.76	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	184	662		472,835.27	714.25	.022	2569.76	
ANCILLARIES	184	0		622,236.51	.00	.000	3381.72	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,823	19,103		643,162.79	33.67	.648	168.24	
MEDICAL	2,100	2,880		176,152.91	61.16	.098	83.88	
SURGERY	392	506		29,118.05	57.55	.017	74.28	
PATHOLOGY	1,493	5,113		65,233.58	12.76	.174	43.69	

RADIOLOGY	1,284	1,722	105,994.72	61.55	.058	82.55
ROOM USE	2,529	3,633	137,658.40	37.89	.123	54.43
CROSSOVERS/ALL OTH OUTPTNT	1,781	5,249	129,005.13	24.58	.178	72.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	22	129	3,270.70	25.35	.004	148.67
HOSPITAL BASED	22	129	3,270.70	25.35	.004	148.67
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1,086	2,891	45,808.10	15.85	.098	42.18
PATHOLOGY	1,086	2,891	45,808.10	15.85	.098	42.18
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	6,891	9,752	1,105,619.06	113.37	.331	160.44
CLINIC	44	174	6,202.58	35.65	.006	140.97
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	6,854	9,578	1,099,416.48	114.79	.325	160.41

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29,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	1,066	12,143	\$ 154,350.75	\$ 12.71	.412	\$ 144.79	\$
DURABLE MED. EQUIP.	12	31	1,541.72	49.73	.001	128.48	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	222	8,622	99,143.96	11.50	.293	446.59	
AMBULANCES/AIR TRANS	215	6,081	72,183.93	11.87	.206	335.74	
OTHER TRANS	6	2,480	3,597.54	1.45	.084	599.59	
OTHER SERVICES	60	61	23,362.49	382.99	.002	389.37	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	41	41	4,305.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	273	577	4,840.92	8.39	.020	17.73	
PHYSICAL THERAPIST	84	702	10,114.16	14.41	.024	120.41	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	5	18	3,734.80	207.49	.001	746.96	
PROSTHETICS	5	18	3,734.80	207.49	.001	746.96	



ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	47	162	6,182.15	38.16	.005	131.54
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	371	1,940	21,207.48	10.93	.066	57.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	25	50	3,280.56	65.61	.002	131.22
@CALIF. CHILDREN SERVICES*	67	640	\$ 204,626.03	\$ 319.73	.022	\$ 3054.12
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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56,168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C
					PER ELIG	USER
@TOTAL, ALL PROVIDERS	42,648	630,964	\$ 19,697,965.05	\$ 31.22	11.234	\$ 461.87
@PHYSICIANS SERVICES	7,583	18,574	\$ 652,029.31	\$ 35.10	.331	\$ 85.99
OUTPATIENT VISITS	1,697	2,190	83,819.65	38.27	.039	49.39
OFFICE VISITS	1,454	1,813	65,161.44	35.94	.032	44.82
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	187	221	12,706.26	57.49	.004	67.95
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83
OB VISITS/COMPRE PERI	26	92	3,850.91	41.86	.002	148.11
OTHER OUTPATIENT	58	63	2,046.21	32.48	.001	35.28
INPATIENT VISITS	184	657	50,245.74	76.48	.012	273.07
HOSPITAL VISITS	155	458	20,532.60	44.83	.008	132.47
CRITICAL CARE	28	186	29,186.04	156.91	.003	1042.36
SNF/ICF/TRANS IP CARE	13	13	527.10	40.55	.000	40.55
OPHTHALMOLOGICAL SERVICES	152	209	7,936.30	37.97	.004	52.21
EXAMINATIONS	152	209	7,936.30	37.97	.004	52.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	167	912	92,225.24	101.12	.016	552.25
PRINCIPAL SURGEON	118	178	75,980.41	426.86	.003	643.90
ASSISTANT SURGEON	18	18	3,431.75	190.65	.000	190.65
ANESTHESIOLOGIST	51	716	12,813.08	17.90	.013	251.24
OUTPATIENT SURGERY	507	1,173	111,641.24	95.18	.021	220.20
PRINCIPAL SURGEON	463	584	101,980.13	174.62	.010	220.26
ASSISTANT SURGEON	2	2	136.64	68.32	.000	68.32
ANESTHESIOLOGIST	53	587	9,524.47	16.23	.010	179.71
DIALYSIS	13	34	3,379.34	99.39	.001	259.95
PATHOLOGY	362	623	12,523.32	20.10	.011	34.59
RADIOLOGY	3,659	5,873	146,141.65	24.88	.105	39.94
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	50	160	3,470.53	21.69	.003	69.41
OTHER SERVICES/ALL X-OVERS	2,218	6,743	140,646.30	20.86	.120	63.41
@PHARMACY	25,957	332,260	\$ 8,979,011.37	\$ 27.02	5.915	\$ 345.92
PRESCRIPTION DRUGS	25,162	93,173	8,763,105.56	94.05	1.659	348.27
SNF/ICF	167	1,556	130,717.82	84.01	.028	782.74
OUTPATIENTS	25,003	91,617	8,632,387.74	94.22	1.631	345.25

MEDICAL SUPPLIES	2,041	239,087		215,905.81	.90	4.257	105.78	
@DENTIST	533	2,800	\$	116,229.25	\$ 41.51	.050	\$ 218.07	\$
VISITS - DIAGNOSTIC	393	1,488		22,769.00	15.30	.026	57.94	
ORAL SURGERY	106	708		40,010.00	56.51	.013	377.45	
DRUGS	7	10		30.00	3.00	.000	4.29	
ANESTHESIA	42	42		3,900.00	92.86	.001	92.86	
PERIODONTICS	10	11		553.00	50.27	.000	55.30	
ENDODONTICS	19	24		2,845.00	118.54	.000	149.74	
RESTORATIVE DENTISTRY	109	339		16,602.50	48.97	.006	152.32	
PROSTHETICS	4	4		105.00	26.25	.000	26.25	
DENTURES, STAYPLATES	67	103		25,551.00	248.07	.002	381.36	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	11	14		600.00	42.86	.000	54.55	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	30	33		3,057.50	92.65	.001	101.92	
ALL OTHER SERVICES	24	24		206.25	8.59	.000	8.59	
#CALIF DEPT OF HEALTH SERV								PA
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	56,168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1,073	3,061	\$	58,580.07	\$ 19.14	.054	\$ 54.59	\$
DIAGNOSTIC AND ANC. PROCED	652	1,040		26,273.85	25.26	.019	40.30	
EYE APPLIANCES	728	1,986		31,764.64	15.99	.035	43.63	
OTHER OPTOMETRIC SERVICES	23	35		541.58	15.47	.001	23.55	
@CHIROPRACTOR	313	502	\$	8,306.55	\$ 16.55	.009	\$ 26.54	\$
VISITS	293	471		7,804.06	16.57	.008	26.64	
OTHER SERVICES	20	31		502.49	16.21	.001	25.12	
@PODIATRIST	309	454	\$	10,344.16	\$ 22.78	.008	\$ 33.48	\$
MEDICINE/INJECTIONS	172	206		6,699.39	32.52	.004	38.95	
SURGERY/ANES.	8	13		483.90	37.22	.000	60.49	
RADIO./PATHOLOGY	20	29		508.63	17.54	.001	25.43	
OTHER	128	206		2,652.24	12.87	.004	20.72	
@HOME HEALTH AGENCY	53	668	\$	39,721.45	\$ 59.46	.012	\$ 749.46	\$
NURSE ANESTHESIST	307	1,648	\$	32,585.87	\$ 19.77	.029	\$ 106.14	\$

NURSE MIDWIFE	76	170	\$	31,841.27	\$	187.30	.003	\$	418.96	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	4	5	\$	139.20	\$	27.84	.000	\$	34.80	\$
@TOTAL HOSPITAL	8,891	45,436	\$	5,902,561.24	\$	129.91	.809	\$	663.88	\$
HOSP INPATIENT TOTAL	722	1,980		4,417,419.21		2231.02	.035		6118.31	
HSC HOSPITALS	42	249		390,051.01		1566.47	.004		9286.93	
NON-HSC HOSPITAL TOTAL	413	1,731		3,848,006.15		2223.00	.031		9317.21	
ACCOMMODATIONS	413	1,731		1,391,058.88		803.62	.031		3368.18	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	413	1,731		1,391,058.88		803.62	.031		3368.18	
ANCILLARIES	412	0		2,456,947.27		.00	.000		5963.46	
INPATIENT CROSSOVERS	272	0		179,362.05		.00	.000		659.42	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	8,558	43,456		1,485,142.03		34.18	.774		173.54	
MEDICAL	3,843	6,404		402,598.70		62.87	.114		104.76	
SURGERY	751	957		58,169.87		60.78	.017		77.46	
PATHOLOGY	3,091	12,473		152,706.17		12.24	.222		49.40	
RADIOLOGY	2,843	4,041		294,123.81		72.78	.072		103.46	
ROOM USE	4,232	6,506		253,482.88		38.96	.116		59.90	
CROSSOVERS/ALL OTH OUTPTNT	4,507	13,075		324,060.60		24.78	.233		71.90	
@COUNTY HOSPITAL TOTAL	15	41	\$	9,079.68	\$	221.46	.001	\$	605.31	\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00		1160.00	.000		4060.00	
HSC HOSPITALS	2	7		8,120.00		1160.00	.000		4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	13	34		959.68		28.23	.001		73.82	
MEDICAL	4	4		132.15		33.04	.000		33.04	
SURGERY	1	1		70.60		70.60	.000		70.60	
PATHOLOGY	2	10		81.13		8.11	.000		40.57	
RADIOLOGY	1	4		71.50		17.88	.000		71.50	
ROOM USE	5	5		170.21		34.04	.000		34.04	
CROSSOVERS/ALL OTH OUTPTNT	6	10		434.09		43.41	.000		72.35	
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DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL									

	56,168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E		
@COMMUNITY HOSPITAL TOTAL	8,882	45,395	\$	5,893,481.56	\$	129.83	.808	\$	663.53	\$
COMM HOSP INPATIENT TOTAL	721	1,973		4,409,299.21		2234.82	.035		6115.53	
HSC HOSPITALS	40	242		381,931.01		1578.23	.004		9548.28	
NON-HSC HOSPITALS TOTAL	413	1,731		3,848,006.15		2223.00	.031		9317.21	
ACCOMMODATIONS	413	1,731		1,391,058.88		803.62	.031		3368.18	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	413	1,731		1,391,058.88		803.62	.031		3368.18	
ANCILLARIES	412	0		2,456,947.27		.00	.000		5963.46	
INPATIENT CROSSOVERS	272	0		179,362.05		.00	.000		659.42	

ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	8,549	43,422		1,484,182.35	34.18	.773	173.61
MEDICAL	3,839	6,400		402,466.55	62.89	.114	104.84
SURGERY	750	956		58,099.27	60.77	.017	77.47
PATHOLOGY	3,090	12,463		152,625.04	12.25	.222	49.39
RADIOLOGY	2,842	4,037		294,052.31	72.84	.072	103.47
ROOM USE	4,228	6,501		253,312.67	38.97	.116	59.91
CROSSOVERS/ALL OTH OUTPTNT	4,502	13,065		323,626.51	24.77	.233	71.89
@STATE HOSPITAL	12	365	\$	256,167.95	\$ 701.83	.006	\$ 21347.33
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	12	365		256,167.95	701.83	.006	21347.33
@NURSING FACILITY	178	3,192	\$	488,975.02	\$ 153.19	.057	\$ 2747.05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	1	8		4,640.56	580.07	.000	4640.56
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	177	3,184		484,334.46	152.12	.057	2736.35
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	43	230	\$	34,520.29	\$ 150.09	.004	\$ 802.80
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	43	230		34,520.29	150.09	.004	802.80
@REHABILITATION FACILITY	27	158	\$	4,279.40	\$ 27.08	.003	\$ 158.50
HOSPITAL BASED	27	158		4,279.40	27.08	.003	158.50
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	2,709	8,595	\$	123,067.87	\$ 14.32	.153	\$ 45.43
PATHOLOGY	2,704	8,577		122,993.70	14.34	.153	45.49
XO AND OTHERS	5	18		74.17	4.12	.000	14.83
@ORGANIZED OUTPATIENT CLINIC	14,793	22,082	\$	2,163,803.54	\$ 97.99	.393	\$ 146.27
CLINIC	56	191		7,619.95	39.90	.003	136.07
SURGICENTER	3	21		965.47	45.97	.000	321.82
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	14,746	21,870		2,155,218.12	98.55	.389	146.16

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

56,168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	4,483	190,764	\$ 795,801.24	\$ 4.17	3.396	\$ 177.52	\$
DURABLE MED. EQUIP.	199	536	102,590.38	191.40	.010	515.53	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	725	106,511	361,094.35	3.39	1.896	498.06	
AMBULANCES/AIR TRANS	615	16,764	184,105.65	10.98	.298	299.36	
OTHER TRANS	105	89,097	131,553.36	1.48	1.586	1252.89	
OTHER SERVICES	166	650	45,435.34	69.90	.012	273.71	
ACUPUNCTURE	8	21	368.83	17.56	.000	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.004	1280.00	
GENETIC DISEASE TESTING	54	54	5,670.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	33	121	16,076.52	132.86	.002	487.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	

OPTICIAN	1,017	2,529	24,169.62	9.56	.045	23.77
PHYSICAL THERAPIST	305	2,862	43,153.12	15.08	.051	141.49
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	28	148	31,811.61	214.94	.003	1136.13
PROSTHETICS	28	148	31,811.61	214.94	.003	1136.13
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97
SPEECH AND AUDIOLOGY	86	306	11,569.53	37.81	.005	134.53
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	739	7,142	61,098.03	8.55	.127	82.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1,446	70,281	120,616.11	1.72	1.251	83.41
@CALIF. CHILDREN SERVICES*	177	2,646	\$ 421,806.66	\$ 159.41	.047	\$ 2383.09
@XOVER EXCLUDING STATE HOSP**	4,263	59,010	\$ 528,098.17	\$ 8.95	1.051	\$ 123.88

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

	2,383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@TOTAL, ALL PROVIDERS	2,297	36,766	\$	807,181.07	\$ 21.95	15.428	\$ 351.41	\$
@PHYSICIANS SERVICES	309	728	\$	14,367.27	\$ 19.74	.305	\$ 46.50	\$
OUTPATIENT VISITS	12	12		859.80	71.65	.005	71.65	
OFFICE VISITS	9	9		654.75	72.75	.004	72.75	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	3	3		205.05	68.35	.001	68.35	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1		6.01	6.01	.000	6.01	
EXAMINATIONS	1	1		6.01	6.01	.000	6.01	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1		374.91	374.91	.000	374.91	
PRINCIPAL SURGEON	1	1		374.91	374.91	.000	374.91	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	4		25.37	6.34	.002	12.69	
RADIOLOGY	14	31		1,740.84	56.16	.013	124.35	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	

OTHER SERVICES/ALL X-OVERS	283	679		11,360.34	16.73	.285	40.14		
@PHARMACY	1,598	30,780	\$	565,869.42	\$ 18.38	12.916	\$ 354.11	\$	
PRESCRIPTION DRUGS	1,537	6,467		553,418.56	85.58	2.714	360.06		
SNF/ICF	41	320		18,054.18	56.42	.134	440.35		
OUTPATIENTS	1,497	6,147		535,364.38	87.09	2.580	357.62		
MEDICAL SUPPLIES	149	24,313		12,450.86	.51	10.203	83.56		
@DENTIST	23	97	\$	6,636.00	\$ 68.41	.041	\$ 288.52	\$	
VISITS - DIAGNOSTIC	14	47		445.00	9.47	.020	31.79		
ORAL SURGERY	2	28		1,371.00	48.96	.012	685.50		
DRUGS	0	0		.00	.00	.000	.00		
ANESTHESIA	2	2		200.00	100.00	.001	100.00		
PERIODONTICS	1	1		55.00	55.00	.000	55.00		
ENDODONTICS	0	0		.00	.00	.000	.00		
RESTORATIVE DENTISTRY	1	1		85.00	85.00	.000	85.00		
PROSTHETICS	0	0		.00	.00	.000	.00		
DENTURES, STAYPLATES	10	17		4,480.00	263.53	.007	448.00		
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		
ALL OTHER SERVICES	1	1		.00	.00	.000	.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED								
	AID CODE 14 1H 1U 1X								

	2,383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	34	104	\$	1,820.35	\$ 17.50	.044	\$ 53.54	\$
DIAGNOSTIC AND ANC. PROCED	9	15		340.16	22.68	.006	37.80	
EYE APPLIANCES	30	85		1,385.85	16.30	.036	46.20	
OTHER OPTOMETRIC SERVICES	3	4		94.34	23.59	.002	31.45	
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	
@PODIATRIST	34	45	\$	533.61	\$ 11.86	.019	\$ 15.69	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	34	45		533.61	11.86	.019	15.69	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	222	642	\$	55,429.58	\$ 86.34	.269	\$ 249.68	\$
HOSP INPATIENT TOTAL	59	0		39,168.27	.00	.000	663.87	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	59	0		39,168.27	.00	.000	663.87	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	

HOSP OUTPATIENT TOTAL	188	642		16,261.31	25.33	.269	86.50
MEDICAL	16	20		1,106.79	55.34	.008	69.17
SURGERY	2	3		93.40	31.13	.001	46.70
PATHOLOGY	14	55		616.74	11.21	.023	44.05
RADIOLOGY	16	74		6,619.25	89.45	.031	413.70
ROOM USE	10	13		664.49	51.11	.005	66.45
CROSSOVERS/ALL OTH OUTPTNT	167	477		7,160.64	15.01	.200	42.88
@COUNTY HOSPITAL TOTAL	1	3	\$	16.10	\$ 5.37	.001	\$ 16.10 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1	3		16.10	5.37	.001	16.10
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		16.10	5.37	.001	16.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						
2,383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER
@COMMUNITY HOSPITAL TOTAL	221	639	\$	55,413.48	\$ 86.72	.268	\$ 250.74 \$
COMM HOSP INPATIENT TOTAL	59	0		39,168.27	.00	.000	663.87
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	59	0		39,168.27	.00	.000	663.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	187	639		16,245.21	25.42	.268	86.87
MEDICAL	16	20		1,106.79	55.34	.008	69.17
SURGERY	2	3		93.40	31.13	.001	46.70
PATHOLOGY	14	55		616.74	11.21	.023	44.05
RADIOLOGY	16	74		6,619.25	89.45	.031	413.70
ROOM USE	10	13		664.49	51.11	.005	66.45
CROSSOVERS/ALL OTH OUTPTNT	166	474		7,144.54	15.07	.199	43.04
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	41	693	\$	107,126.84	\$ 154.58	.291	\$ 2612.85 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	41	693		107,126.84	154.58	.291	2612.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	6	9	\$	152.10	\$ 16.90	.004	\$ 25.35 \$
PATHOLOGY	5	8		143.60	17.95	.003	28.72
XO AND OTHERS	1	1		8.50	8.50	.000	8.50
@ORGANIZED OUTPATIENT CLINIC	339	588	\$	33,827.27	\$ 57.53	.247	\$ 99.79 \$
CLINIC	3	9		377.14	41.90	.004	125.71
SURGICENTER	1	1		205.06	205.06	.000	205.06
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	335	578		33,245.07	57.52	.243	99.24

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	2,383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C F
@ALL OTHER PROVIDERS	313		3,079	\$ 21,401.91	\$ 6.95	1.292	\$ 68.38	\$
DURABLE MED. EQUIP.	6		8	418.63	52.33	.003	69.77	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7		1,180	1,755.50	1.49	.495	250.79	
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	
OTHER TRANS	6		1,179	1,752.97	1.49	.495	292.16	
OTHER SERVICES	1		1	2.53	2.53	.000	2.53	



ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	73	196	1,889.01	9.64	.082	25.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	3	3	1,570.10	523.37	.001	523.37
HOSPICE SERVICES	1	8	1,153.36	144.17	.003	1153.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	231	1,684	14,615.31	8.68	.707	63.27
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	650	6,474	\$ 95,929.23	\$ 14.82	2.717	\$ 147.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	0	0	\$ 223.20	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV						
MOP024						
DEL NORTE COUNTY						
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
FEE-FOR-SERVICE/DENTAL						
SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
AID CODE 24						
----- MONTHLY AVERAGE -						
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00

MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ 223.20	\$ .00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	223.20	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00 \$
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00 \$
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND					
	AID CODE 24					

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

	1,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	2,002	16,602	\$	1,352,283.42	\$ 81.45	9.558	\$ 675.47	\$
@PHYSICIANS SERVICES	343	1,668	\$	73,790.62	\$ 44.24	.960	\$ 215.13	\$
OUTPATIENT VISITS	59	93		3,501.24	37.65	.054	59.34	
OFFICE VISITS	50	82		2,753.24	33.58	.047	55.06	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	8	9		656.62	72.96	.005	82.08	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	2	2		91.38	45.69	.001	45.69	
INPATIENT VISITS	11	56		2,085.09	37.23	.032	189.55	
HOSPITAL VISITS	11	56		2,085.09	37.23	.032	189.55	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	5	7		277.18	39.60	.004	55.44	
EXAMINATIONS	5	7		277.18	39.60	.004	55.44	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	10	77		3,877.05	50.35	.044	387.71	
PRINCIPAL SURGEON	7	9		2,986.06	331.78	.005	426.58	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	

ANESTHESIOLOGIST	4	68		890.99	13.10	.039	222.75	
OUTPATIENT SURGERY	16	46		4,981.15	108.29	.026	311.32	
PRINCIPAL SURGEON	15	17		4,506.32	265.08	.010	300.42	
ASSISTANT SURGEON	1	1		88.61	88.61	.001	88.61	
ANESTHESIOLOGIST	2	28		386.22	13.79	.016	193.11	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	23	91		840.95	9.24	.052	36.56	
RADIOLOGY	86	235		5,673.91	24.14	.135	65.98	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	13	420		33,202.36	79.05	.242	2554.03	
OTHER SERVICES/ALL X-OVERS	217	643		19,351.69	30.10	.370	89.18	
@PHARMACY	1,322	9,772	\$	656,920.64	\$ 67.22	5.626	\$ 496.91	\$
PRESCRIPTION DRUGS	1,289	6,172		644,632.10	104.44	3.553	500.10	
SNF/ICF	7	85		4,280.02	50.35	.049	611.43	
OUTPATIENTS	1,282	6,087		640,352.08	105.20	3.504	499.49	
MEDICAL SUPPLIES	104	3,600		12,288.54	3.41	2.073	118.16	
@DENTIST	34	134	\$	6,197.00	\$ 46.25	.077	\$ 182.26	\$
VISITS - DIAGNOSTIC	24	47		863.00	18.36	.027	35.96	
ORAL SURGERY	4	63		3,700.00	58.73	.036	925.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	3	4		300.00	75.00	.002	100.00	
PERIODONTICS	1	1		118.00	118.00	.001	118.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	5	9		481.00	53.44	.005	96.20	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	7	7		735.00	105.00	.004	105.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	4	3		.00	.00	.002	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
1,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -			
@OPTOMETRIST	59	178	\$	3,373.87	\$ 18.95	.102	\$ 57.18	\$
DIAGNOSTIC AND ANC. PROCED	30	49		1,205.13	24.59	.028	40.17	
EYE APPLIANCES	46	127		2,161.29	17.02	.073	46.98	
OTHER OPTOMETRIC SERVICES	1	2		7.45	3.73	.001	7.45	
@CHIROPRACOR	12	20	\$	320.73	\$ 16.04	.012	\$ 26.73	\$
VISITS	4	6		100.32	16.72	.003	25.08	
OTHER SERVICES	8	14		220.41	15.74	.008	27.55	
@PODIATRIST	28	82	\$	912.79	\$ 11.13	.047	\$ 32.60	\$
MEDICINE/INJECTIONS	5	7		201.20	28.74	.004	40.24	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	23	75		711.59	9.49	.043	30.94	
@HOME HEALTH AGENCY	4	56	\$	3,580.99	\$ 63.95	.032	\$ 895.25	\$
NURSE ANESTHESIST	4	22	\$	367.51	\$ 16.71	.013	\$ 91.88	\$
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	265	1,379	\$	495,525.41	\$ 359.34	.794	\$ 1869.91	\$

HOSP INPATIENT TOTAL	57	164	453,954.76	2768.02	.094	7964.12
HSC HOSPITALS	1	1	1,030.00	1030.00	.001	1030.00
NON-HSC HOSPITAL TOTAL	23	163	436,144.45	2675.73	.094	18962.80
ACCOMMODATIONS	23	163	180,947.89	1110.11	.094	7867.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	23	163	180,947.89	1110.11	.094	7867.30
ANCILLARIES	23	0	255,196.56	.00	.000	11095.50
INPATIENT CROSSOVERS	33	0	16,780.31	.00	.000	508.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	234	1,215	41,570.65	34.21	.699	177.65
MEDICAL	58	162	9,819.17	60.61	.093	169.30
SURGERY	12	14	894.27	63.88	.008	74.52
PATHOLOGY	59	315	3,856.38	12.24	.181	65.36
RADIOLOGY	55	90	9,151.82	101.69	.052	166.40
ROOM USE	52	105	4,145.36	39.48	.060	79.72
CROSSOVERS/ALL OTH OUTPTNT	170	529	13,703.65	25.90	.305	80.61
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G					

1,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE -	
					UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	265	1,379	\$ 495,525.41	\$ 359.34	.794	\$ 1869.91
COMM HOSP INPATIENT TOTAL	57	164	453,954.76	2768.02	.094	7964.12
HSC HOSPITALS	1	1	1,030.00	1030.00	.001	1030.00
NON-HSC HOSPITALS TOTAL	23	163	436,144.45	2675.73	.094	18962.80
ACCOMMODATIONS	23	163	180,947.89	1110.11	.094	7867.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	23	163	180,947.89	1110.11	.094	7867.30
ANCILLARIES	23	0	255,196.56	.00	.000	11095.50
INPATIENT CROSSOVERS	33	0	16,780.31	.00	.000	508.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	234	1,215	41,570.65	34.21	.699	177.65
MEDICAL	58	162	9,819.17	60.61	.093	169.30
SURGERY	12	14	894.27	63.88	.008	74.52

PATHOLOGY	59	315		3,856.38		12.24	.181	65.36	
RADIOLOGY	55	90		9,151.82		101.69	.052	166.40	
ROOM USE	52	105		4,145.36		39.48	.060	79.72	
CROSSEOVERS/ALL OTH OUTPTNT	170	529		13,703.65		25.90	.305	80.61	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	5	41	\$	12,200.35	\$	297.57	.024	2440.07	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	5	41		12,200.35		297.57	.024	2440.07	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	1	6	\$	125.13	\$	20.86	.003	125.13	\$
HOSPITAL BASED	1	6		125.13		20.86	.003	125.13	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	38	163	\$	2,729.54	\$	16.75	.094	71.83	\$
PATHOLOGY	38	163		2,729.54		16.75	.094	71.83	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	528	905	\$	65,234.82	\$	72.08	.521	123.55	\$
CLINIC	1	1		8.08		8.08	.001	8.08	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	527	904		65,226.74		72.15	.520	123.77	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    MN - NO SOC - DISABLED    64 6G 6H 6U 6V 6X 8G

	1,737 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	226	2,176	\$	31,004.02	\$ 14.25	1.253	\$ 137.19	\$
DURABLE MED. EQUIP.	15	29		4,150.64	143.13	.017	276.71	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	19	326		7,296.61	22.38	.188	384.03	
AMBULANCES/AIR TRANS	18	312		4,634.32	14.85	.180	257.46	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	9	14		2,662.29	190.16	.008	295.81	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	66	173		1,745.48	10.09	.100	26.45	
PHYSICAL THERAPIST	6	34		527.98	15.53	.020	88.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	20		3,858.48	192.92	.012	3858.48	



PROSTHETICS	1	20		3,858.48	192.92	.012	3858.48	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4		7.64	1.91	.002	7.64	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	26	1,195		7,867.94	6.58	.688	302.61	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	100	395		5,549.25	14.05	.227	55.49	
@CALIF. CHILDREN SERVICES*	3	30	\$	4,839.88	\$ 161.33	.017	\$ 1613.29	\$
@XOVER EXCLUDING STATE HOSP**	445	3,897	\$	47,371.07	\$ 12.16	2.244	\$ 106.45	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	25,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	13,346		62,538	\$ 3,915,152.50	\$ 62.60	2.469	\$ 293.36	\$
@PHYSICIANS SERVICES	2,273		4,590	\$ 194,413.38	\$ 42.36	.181	\$ 85.53	\$
OUTPATIENT VISITS	495		609	24,071.19	39.53	.024	48.63	
OFFICE VISITS	396		444	17,004.57	38.30	.018	42.94	
HOME VISITS	0		0	.00	.00	.000	.00	
EMERGENCY ROOM	72		83	4,375.42	52.72	.003	60.77	
PREVENTIVE CARE	0		0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	19		70	2,275.07	32.50	.003	119.74	
OTHER OUTPATIENT	12		12	416.13	34.68	.000	34.68	
INPATIENT VISITS	70		388	35,511.07	91.52	.015	507.30	
HOSPITAL VISITS	52		121	6,036.36	49.89	.005	116.08	
CRITICAL CARE	20		266	29,402.61	110.54	.011	1470.13	
SNF/ICF/TRANS IP CARE	1		1	72.10	72.10	.000	72.10	
OPHTHALMOLOGICAL SERVICES	29		36	1,273.27	35.37	.001	43.91	

EXAMINATIONS	29	36		1,273.27	35.37	.001	43.91	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	61	252		27,463.08	108.98	.010	450.21	
PRINCIPAL SURGEON	44	47		22,738.03	483.79	.002	516.77	
ASSISTANT SURGEON	3	3		436.46	145.49	.000	145.49	
ANESTHESIOLOGIST	16	202		4,288.59	21.23	.008	268.04	
OUTPATIENT SURGERY	162	453		39,147.32	86.42	.018	241.65	
PRINCIPAL SURGEON	155	201		37,263.38	185.39	.008	240.41	
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77	
ANESTHESIOLOGIST	9	251		1,749.17	6.97	.010	194.35	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	130	290		4,288.24	14.79	.011	32.99	
RADIOLOGY	1,496	2,113		50,137.06	23.73	.083	33.51	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	22	46		540.81	11.76	.002	24.58	
OTHER SERVICES/ALL X-OVERS	230	403		11,981.34	29.73	.016	52.09	
@PHARMACY	6,358	15,726	\$	897,996.95	\$ 57.10	.621	\$ 141.24	\$
PRESCRIPTION DRUGS	6,320	15,497		884,784.29	57.09	.612	140.00	
SNF/ICF	1	1		8.53	8.53	.000	8.53	
OUTPATIENTS	6,319	15,496		884,775.76	57.10	.612	140.02	
MEDICAL SUPPLIES	155	229		13,212.66	57.70	.009	85.24	
@DENTIST	151	925	\$	40,805.00	\$ 44.11	.037	\$ 270.23	\$
VISITS - DIAGNOSTIC	122	466		7,483.00	16.06	.018	61.34	
ORAL SURGERY	50	238		16,399.00	68.90	.009	327.98	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	19	19		2,000.00	105.26	.001	105.26	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	10	16		1,273.00	79.56	.001	127.30	
RESTORATIVE DENTISTRY	39	150		6,945.00	46.30	.006	178.08	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	9	15		5,245.00	349.67	.001	582.78	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	5	5		250.00	50.00	.000	50.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	10		1,135.00	113.50	.000	141.88	
ALL OTHER SERVICES	6	6		75.00	12.50	.000	12.50	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

	25,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	412	1,128	\$	21,995.19	\$ 19.50	.045	\$ 53.39	\$
DIAGNOSTIC AND ANC. PROCED	293	460		11,835.93	25.73	.018	40.40	
EYE APPLIANCES	241	667		10,147.85	15.21	.026	42.11	
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	
@CHIROPRACTOR	164	242	\$	4,046.24	\$ 16.72	.010	\$ 24.67	\$
VISITS	164	242		4,046.24	16.72	.010	24.67	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	64	101	\$	3,313.12	\$ 32.80	.004	\$ 51.77	\$
MEDICINE/INJECTIONS	61	85		2,699.70	31.76	.003	44.26	
SURGERY/ANES.	3	3		377.14	125.71	.000	125.71	
RADIO./PATHOLOGY	8	11		188.59	17.14	.000	23.57	
OTHER	1	2		47.69	23.85	.000	47.69	
@HOME HEALTH AGENCY	8	180	\$	12,088.67	\$ 67.16	.007	\$ 1511.08	\$

NURSE ANESTHESIST	126	647	\$	13,013.91	\$	20.11	.026	\$	103.29	\$
NURSE MIDWIFE	62	138	\$	25,026.42	\$	181.35	.005	\$	403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	1	4	\$	29.36	\$	7.34	.000	\$	29.36	\$
@TOTAL HOSPITAL	3,327	17,500	\$	1,599,346.13	\$	91.39	.691	\$	480.72	\$
HOSP INPATIENT TOTAL	163	662		1,037,056.22		1566.55	.026		6362.31	
HSC HOSPITALS	14	90		131,116.50		1456.85	.004		9365.46	
NON-HSC HOSPITAL TOTAL	148	572		905,368.84		1582.81	.023		6117.36	
ACCOMMODATIONS	148	572		460,566.01		805.19	.023		3111.93	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	148	572		460,566.01		805.19	.023		3111.93	
ANCILLARIES	148	0		444,802.83		.00	.000		3005.42	
INPATIENT CROSSOVERS	2	0		570.88		.00	.000		285.44	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,260	16,838		562,289.91		33.39	.665		172.48	
MEDICAL	1,589	2,252		132,055.81		58.64	.089		83.11	
SURGERY	302	390		22,246.48		57.04	.015		73.66	
PATHOLOGY	1,347	4,884		60,655.62		12.42	.193		45.03	
RADIOLOGY	1,186	1,612		107,280.91		66.55	.064		90.46	
ROOM USE	1,906	2,898		109,439.90		37.76	.114		57.42	
CROSSOVERS/ALL OTH OUTPTNT	1,510	4,802		130,611.19		27.20	.190		86.50	
@COUNTY HOSPITAL TOTAL	10	47	\$	1,536.43	\$	32.69	.002	\$	153.64	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	10	47		1,536.43		32.69	.002		153.64	
MEDICAL	4	5		288.46		57.69	.000		72.12	
SURGERY	1	3		61.68		20.56	.000		61.68	
PATHOLOGY	5	15		300.64		20.04	.001		60.13	
RADIOLOGY	2	2		74.27		37.14	.000		37.14	
ROOM USE	6	11		488.25		44.39	.000		81.38	
CROSSOVERS/ALL OTH OUTPTNT	5	11		323.13		29.38	.000		64.63	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	25,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,317	17,453	\$	1,597,809.70	\$	91.55	\$	481.70
COMM HOSP INPATIENT TOTAL	163	662		1,037,056.22		1566.55		6362.31
HSC HOSPITALS	14	90		131,116.50		1456.85		9365.46
NON-HSC HOSPITALS TOTAL	148	572		905,368.84		1582.81		6117.36
ACCOMMODATIONS	148	572		460,566.01		805.19		3111.93
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	148	572		460,566.01		805.19		3111.93
ANCILLARIES	148	0		444,802.83		.00		3005.42

INPATIENT CROSSOVERS	2	0		570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,250	16,791		560,753.48	33.40	.663	172.54	
MEDICAL	1,585	2,247		131,767.35	58.64	.089	83.13	
SURGERY	301	387		22,184.80	57.33	.015	73.70	
PATHOLOGY	1,342	4,869		60,354.98	12.40	.192	44.97	
RADIOLOGY	1,184	1,610		107,206.64	66.59	.064	90.55	
ROOM USE	1,900	2,887		108,951.65	37.74	.114	57.34	
CROSSOVERS/ALL OTH OUTPTNT	1,505	4,791		130,288.06	27.19	.189	86.57	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	12	\$	1,521.60	\$ 126.80	.000	\$ 1521.60	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	1	12		1,521.60	126.80	.000	1521.60	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	9	31	\$	811.59	\$ 26.18	.001	\$ 90.18	\$
HOSPITAL BASED	9	31		811.59	26.18	.001	90.18	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1,121	2,987	\$	47,751.37	\$ 15.99	.118	\$ 42.60	\$
PATHOLOGY	1,121	2,987		47,751.37	15.99	.118	42.60	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	5,692	7,894	\$	906,560.12	\$ 114.84	.312	\$ 159.27	\$
CLINIC	35	136		5,730.31	42.13	.005	163.72	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	5,663	7,758		900,829.81	116.12	.306	159.07	

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	25,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@ALL OTHER PROVIDERS	864	10,433	\$	146,433.45	\$ 14.04	.412	\$ 169.48	\$
DURABLE MED. EQUIP.	16	26		2,989.85	114.99	.001	186.87	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	150	5,036		95,468.67	18.96	.199	636.46	
AMBULANCES/AIR TRANS	147	4,973		68,285.12	13.73	.196	464.52	
OTHER TRANS	1	3		33.11	11.04	.000	33.11	
OTHER SERVICES	54	60		27,150.44	452.51	.002	502.79	
ACUPUNCTURE	1	1		17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	48	48		5,040.00	105.00	.002	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	19		1,486.31	78.23	.001	743.16	

OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	281	627	5,493.42	8.76	.025	19.55
PHYSICAL THERAPIST	105	784	12,151.71	15.50	.031	115.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	6	14	2,456.76	175.48	.001	409.46
PROSTHETICS	6	14	2,456.76	175.48	.001	409.46
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	19	50	2,315.49	46.31	.002	121.87
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	201	1,401	15,516.20	11.08	.055	77.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	54	2,427	3,497.66	1.44	.096	64.77
@CALIF. CHILDREN SERVICES*	40	835	\$ 194,150.67	\$ 232.52	.033	\$ 4853.77
@XOVER EXCLUDING STATE HOSP**	62	1,084	\$ 3,055.14	\$ 2.82	.043	\$ 49.28

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

29,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	17,645	115,906	\$ 6,074,840.19	\$ 52.41	3.936	\$ 344.28	\$
@PHYSICIANS SERVICES	2,925	6,986	\$ 282,571.27	\$ 40.45	.237	\$ 96.61	\$
OUTPATIENT VISITS	566	714	28,432.23	39.82	.024	50.23	
OFFICE VISITS	455	535	20,412.56	38.15	.018	44.86	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	83	95	5,237.09	55.13	.003	63.10	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.002	119.74	
OTHER OUTPATIENT	14	14	507.51	36.25	.000	36.25	
INPATIENT VISITS	81	444	37,596.16	84.68	.015	464.15	
HOSPITAL VISITS	63	177	8,121.45	45.88	.006	128.91	
CRITICAL CARE	20	266	29,402.61	110.54	.009	1470.13	
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	
OPHTHALMOLOGICAL SERVICES	35	44	1,556.46	35.37	.001	44.47	
EXAMINATIONS	35	44	1,556.46	35.37	.001	44.47	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	71	329	31,340.13	95.26	.011	441.41	
PRINCIPAL SURGEON	51	56	25,724.09	459.36	.002	504.39	
ASSISTANT SURGEON	3	3	436.46	145.49	.000	145.49	
ANESTHESIOLOGIST	20	270	5,179.58	19.18	.009	258.98	
OUTPATIENT SURGERY	179	500	44,503.38	89.01	.017	248.62	
PRINCIPAL SURGEON	171	219	42,144.61	192.44	.007	246.46	
ASSISTANT SURGEON	2	2	223.38	111.69	.000	111.69	
ANESTHESIOLOGIST	11	279	2,135.39	7.65	.009	194.13	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	155	385	5,154.56	13.39	.013	33.26	
RADIOLOGY	1,596	2,379	57,551.81	24.19	.081	36.06	
PSYCHIATRY	0	0	.00	.00	.000	.00	

IMMUNIZATION AND INJECTION	35	466		33,743.17		72.41	.016	964.09	
OTHER SERVICES/ALL X-OVERS	730	1,725		42,693.37		24.75	.059	58.48	
@PHARMACY	9,278	56,278	\$	2,120,787.01	\$	37.68	1.911	\$ 228.58	\$
PRESCRIPTION DRUGS	9,146	28,136		2,082,834.95		74.03	.955	227.73	
SNF/ICF	49	406		22,342.73		55.03	.014	455.97	
OUTPATIENTS	9,098	27,730		2,060,492.22		74.31	.942	226.48	
MEDICAL SUPPLIES	408	28,142		37,952.06		1.35	.956	93.02	
@DENTIST	208	1,156	\$	53,638.00	\$	46.40	.039	\$ 257.88	\$
VISITS - DIAGNOSTIC	160	560		8,791.00		15.70	.019	54.94	
ORAL SURGERY	56	329		21,470.00		65.26	.011	383.39	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	24	25		2,500.00		100.00	.001	104.17	
PERIODONTICS	2	2		173.00		86.50	.000	86.50	
ENDODONTICS	10	16		1,273.00		79.56	.001	127.30	
RESTORATIVE DENTISTRY	45	160		7,511.00		46.94	.005	166.91	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	26	39		10,460.00		268.21	.001	402.31	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	5	5		250.00		50.00	.000	50.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	8	10		1,135.00		113.50	.000	141.88	
ALL OTHER SERVICES	11	10		75.00		7.50	.000	6.82	
#CALIF DEPT OF HEALTH SERV									PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	29,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	505	1,410	\$	27,189.41	\$ 19.28	.048	\$ 53.84	\$
DIAGNOSTIC AND ANC. PROCED	332	524		13,381.22	25.54	.018	40.30	
EYE APPLIANCES	317	879		13,694.99	15.58	.030	43.20	
OTHER OPTOMETRIC SERVICES	5	7		113.20	16.17	.000	22.64	
@CHIROPRACTOR	177	263	\$	4,383.69	\$ 16.67	.009	\$ 24.77	\$
VISITS	168	248		4,146.56	16.72	.008	24.68	
OTHER SERVICES	9	15		237.13	15.81	.001	26.35	
@PODIATRIST	126	228	\$	4,759.52	\$ 20.88	.008	\$ 37.77	\$

MEDICINE/INJECTIONS	66	92		2,900.90	31.53	.003	43.95	
SURGERY/ANES.	3	3		377.14	125.71	.000	125.71	
RADIO./PATHOLOGY	8	11		188.59	17.14	.000	23.57	
OTHER	58	122		1,292.89	10.60	.004	22.29	
@HOME HEALTH AGENCY	12	236	\$	15,669.66	\$ 66.40	.008	\$ 1305.81	\$
NURSE ANESTHESIST	130	669	\$	13,381.42	\$ 20.00	.023	\$ 102.93	\$
NURSE MIDWIFE	62	138	\$	25,026.42	\$ 181.35	.005	\$ 403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	1	4	\$	29.36	\$ 7.34	.000	\$ 29.36	\$
@TOTAL HOSPITAL	3,814	19,521	\$	2,150,301.12	\$ 110.15	.663	\$ 563.79	\$
HOSP INPATIENT TOTAL	279	826		1,530,179.25	1852.52	.028	5484.51	
HSC HOSPITALS	15	91		132,146.50	1452.16	.003	8809.77	
NON-HSC HOSPITAL TOTAL	171	735		1,341,513.29	1825.19	.025	7845.11	
ACCOMMODATIONS	171	735		641,513.90	872.81	.025	3751.54	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	171	735		641,513.90	872.81	.025	3751.54	
ANCILLARIES	171	0		699,999.39	.00	.000	4093.56	
INPATIENT CROSSOVERS	94	0		56,519.46	.00	.000	601.27	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,682	18,695		620,121.87	33.17	.635	168.42	
MEDICAL	1,663	2,434		142,981.77	58.74	.083	85.98	
SURGERY	316	407		23,234.15	57.09	.014	73.53	
PATHOLOGY	1,420	5,254		65,128.74	12.40	.178	45.87	
RADIOLOGY	1,257	1,776		123,051.98	69.29	.060	97.89	
ROOM USE	1,968	3,016		114,249.75	37.88	.102	58.05	
CROSSOVERS/ALL OTH OUTPTNT	1,847	5,808		151,475.48	26.08	.197	82.01	
@COUNTY HOSPITAL TOTAL	11	50	\$	1,552.53	\$ 31.05	.002	\$ 141.14	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	11	50		1,552.53	31.05	.002	141.14	
MEDICAL	4	5		288.46	57.69	.000	72.12	
SURGERY	1	3		61.68	20.56	.000	61.68	
PATHOLOGY	5	15		300.64	20.04	.001	60.13	
RADIOLOGY	2	2		74.27	37.14	.000	37.14	
ROOM USE	6	11		488.25	44.39	.000	81.38	
CROSSOVERS/ALL OTH OUTPTNT	6	14		339.23	24.23	.000	56.54	

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MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

						----- MONTHLY AVERAGE -		
29,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E
@COMMUNITY HOSPITAL TOTAL	3,803	19,471	\$ 2,148,748.59	\$ 110.36	.661	\$ 565.01	\$	
COMM HOSP INPATIENT TOTAL	279	826	1,530,179.25	1852.52	.028	5484.51		
HSC HOSPITALS	15	91	132,146.50	1452.16	.003	8809.77		
NON-HSC HOSPITALS TOTAL	171	735	1,341,513.29	1825.19	.025	7845.11		

ACCOMMODATIONS	171	735		641,513.90	872.81	.025	3751.54	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	171	735		641,513.90	872.81	.025	3751.54	
ANCILLARIES	171	0		699,999.39	.00	.000	4093.56	
INPATIENT CROSSOVERS	94	0		56,519.46	.00	.000	601.27	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,671	18,645		618,569.34	33.18	.633	168.50	
MEDICAL	1,659	2,429		142,693.31	58.75	.082	86.01	
SURGERY	315	404		23,172.47	57.36	.014	73.56	
PATHOLOGY	1,415	5,239		64,828.10	12.37	.178	45.81	
RADIOLOGY	1,255	1,774		122,977.71	69.32	.060	97.99	
ROOM USE	1,962	3,005		113,761.50	37.86	.102	57.98	
CROSSOVERS/ALL OTH OUTPTNT	1,841	5,794		151,136.25	26.08	.197	82.09	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	47	746	\$	121,071.99	162.29	.025	2576.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	47	746		121,071.99	162.29	.025	2576.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	10	37	\$	936.72	25.32	.001	93.67	\$
HOSPITAL BASED	10	37		936.72	25.32	.001	93.67	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1,165	3,159	\$	50,633.01	16.03	.107	43.46	\$
PATHOLOGY	1,164	3,158		50,624.51	16.03	.107	43.49	
XO AND OTHERS	1	1		8.50	8.50	.000	8.50	
@ORGANIZED OUTPATIENT CLINIC	6,559	9,387	\$	1,005,622.21	107.13	.319	153.32	\$
CLINIC	39	146		6,115.53	41.89	.005	156.81	
SURGICENTER	1	1		205.06	205.06	.000	205.06	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	6,525	9,240		999,301.62	108.15	.314	153.15	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

						----- MONTHLY AVERAGE -----		
29,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@ALL OTHER PROVIDERS	1,403	15,688	\$ 198,839.38	\$ 12.67	.533	\$ 141.72	\$	
DURABLE MED. EQUIP.	37	63	7,559.12	119.99	.002	204.30		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	176	6,542	104,520.78	15.98	.222	593.87		
AMBULANCES/AIR TRANS	165	5,285	72,919.44	13.80	.179	441.94		
OTHER TRANS	7	1,182	1,786.08	1.51	.040	255.15		



OTHER SERVICES	64	75	29,815.26	397.54	.003	465.86
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.002	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	19	1,486.31	78.23	.001	743.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	420	996	9,127.91	9.16	.034	21.73
PHYSICAL THERAPIST	111	818	12,679.69	15.50	.028	114.23
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	7	34	6,315.24	185.74	.001	902.18
PROSTHETICS	7	34	6,315.24	185.74	.001	902.18
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	23	57	3,893.23	68.30	.002	169.27
HOSPICE SERVICES	1	8	1,153.36	144.17	.000	1153.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	227	2,596	23,384.14	9.01	.088	103.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	385	4,506	23,662.22	5.25	.153	61.46
@CALIF. CHILDREN SERVICES*	43	865	\$ 198,990.55	\$ 230.05	.029	\$ 4627.69
@XOVER EXCLUDING STATE HOSP**	1,157	11,455	\$ 146,355.44	\$ 12.78	.389	\$ 126.50

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E
					PER ELIG      USER	
@TOTAL, ALL PROVIDERS	96	382	\$ 36,944.07	\$ 96.71	7.208	\$ 384.83
@PHYSICIANS SERVICES	12	31	\$ 616.05	\$ 19.87	.585	\$ 51.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00

ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	12	31		616.05	19.87	.585	51.34
@PHARMACY	62	289	\$	27,776.08	\$ 96.11	5.453	\$ 448.00
PRESCRIPTION DRUGS	59	275		27,555.82	100.20	5.189	467.05
SNF/ICF	3	29		1,155.21	39.83	.547	385.07
OUTPATIENTS	57	246		26,400.61	107.32	4.642	463.17
MEDICAL SUPPLIES	4	14		220.26	15.73	.264	55.07
@DENTIST	1	2	\$	67.00	\$ 33.50	.038	\$ 67.00
VISITS - DIAGNOSTIC	1	1		10.00	10.00	.019	10.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1		57.00	57.00	.019	57.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV							
MOP024							
DEL NORTE COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - SOC - AGED

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 1.56	\$ 1.56	.019	\$ 1.56	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	1.56	1.56	.019	1.56	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	6	1	\$ 3,202.87	\$ 3202.87	.019	\$ 533.81	\$
HOSP INPATIENT TOTAL	6	0	3,176.98	.00	.000	529.50	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0	3,176.98	.00	.000	529.50	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	1	25.89	25.89	.019	25.89	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	1	25.89	25.89	.019	25.89	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						
	----- MONTHLY AVERAGE -						
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	
@COMMUNITY HOSPITAL TOTAL	6	1	\$	3,202.87	\$ 3202.87	.019	\$ 533.81	\$	
COMM HOSP INPATIENT TOTAL	6	0		3,176.98	.00	.000	529.50		
HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		
ANCILLARIES	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS	6	0		3,176.98	.00	.000	529.50		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	1	1		25.89	25.89	.019	25.89		
MEDICAL	0	0		.00	.00	.000	.00		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	1	1		25.89	25.89	.019	25.89		
ROOM USE	0	0		.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	2	17	\$	3,403.60	\$ 200.21	.321	\$ 1701.80	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
LEV B-REGULAR	2	17		3,403.60	200.21	.321	1701.80		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
ICF DDH	0	0		.00	.00	.000	.00		
ICF DD	0	0		.00	.00	.000	.00		
ICF DDN/DDCN	0	0		.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
PATHOLOGY	0	0		.00	.00	.000	.00		
XO AND OTHERS	0	0		.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	7	27	\$	1,668.19	\$ 61.78	.509	\$ 238.31	\$	
CLINIC	0	0		.00	.00	.000	.00		
SURGICENTER	0	0		.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		
RURAL HEALTH CLINIC	7	27		1,668.19	61.78	.509	238.31		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY				SUMMARY OF SERVICES FOR MN - SOC - AGED					
				AID CODE 17 1Y					
				----- MONTHLY AVERAGE -					
53 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	
@ALL OTHER PROVIDERS	7	14	\$	208.72	\$ 14.91	.264	\$ 29.82	\$	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	4	33.25	8.31	.075	33.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	7	10	175.47	17.55	.189	25.07
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	26	40	\$ 5,766.87	\$ 144.17	.755	\$ 221.80

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA						
MOP024      FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27						
----- MONTHLY AVERAGE -						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00

@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E
@TOTAL, ALL PROVIDERS	116	1,076	\$ 176,710.95	\$ 164.23	22.417 \$ 1523.37	\$
@PHYSICIANS SERVICES	49	285	\$ 6,371.42	\$ 22.36	5.938 \$ 130.03	\$
OUTPATIENT VISITS	8	12	476.46	39.71	.250 59.56	
OFFICE VISITS	6	10	300.03	30.00	.208 50.01	
HOME VISITS	0	0	.00	.00	.000 .00	
EMERGENCY ROOM	2	2	176.43	88.22	.042 88.22	
PREVENTIVE CARE	0	0	.00	.00	.000 .00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00	
OTHER OUTPATIENT	0	0	.00	.00	.000 .00	
INPATIENT VISITS	3	9	520.45	57.83	.188 173.48	
HOSPITAL VISITS	3	8	398.85	49.86	.167 132.95	
CRITICAL CARE	1	1	121.60	121.60	.021 121.60	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00	

OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	5	6	1,292.00	215.33	.125	258.40	
PRINCIPAL SURGEON	5	6	1,292.00	215.33	.125	258.40	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	5	14	350.34	25.02	.292	70.07	
RADIOLOGY	27	62	1,895.68	30.58	1.292	70.21	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	3	143	1,083.98	7.58	2.979	361.33	
OTHER SERVICES/ALL X-OVERS	13	39	752.51	19.30	.813	57.89	
@PHARMACY	45	272	\$ 58,399.54	\$ 214.70	5.667	\$ 1297.77	\$
PRESCRIPTION DRUGS	44	267	58,149.86	217.79	5.563	1321.59	
SNF/ICF	2	11	301.10	27.37	.229	150.55	
OUTPATIENTS	42	256	57,848.76	225.97	5.333	1377.35	
MEDICAL SUPPLIES	3	5	249.68	49.94	.104	83.23	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E	
					PER ELIG      USER		
@OPTOMETRIST	2	8	\$ 143.41	\$ 17.93	.167	\$ 71.71	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.042	47.45	
EYE APPLIANCES	2	6	95.96	15.99	.125	47.98	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	

@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	.104	\$	329.57	\$
NURSE ANESTHESIST	2	12	\$	179.84	\$	14.99	.250	\$	89.92	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	38	238	\$	98,686.34	\$	414.65	4.958	\$	2597.01	\$
HOSP INPATIENT TOTAL	4	27		89,466.09		3313.56	.563		22366.52	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	3	27		88,890.86		3292.25	.563		29630.29	
ACCOMMODATIONS	3	27		26,720.00		989.63	.563		8906.67	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	3	27		26,720.00		989.63	.563		8906.67	
ANCILLARIES	3	0		62,170.86		.00	.000		20723.62	
INPATIENT CROSSOVERS	1	0		575.23		.00	.000		575.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	35	211		9,220.25		43.70	4.396		263.44	
MEDICAL	17	38		2,500.48		65.80	.792		147.09	
SURGERY	4	6		310.84		51.81	.125		77.71	
PATHOLOGY	16	99		1,308.03		13.21	2.063		81.75	
RADIOLOGY	18	30		4,125.43		137.51	.625		229.19	
ROOM USE	11	19		725.82		38.20	.396		65.98	
CROSSOVERS/ALL OTH OUTPTNT	8	19		249.65		13.14	.396		31.21	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	38	238	\$ 98,686.34	\$ 414.65	4.958	\$ 2597.01	\$
COMM HOSP INPATIENT TOTAL	4	27	89,466.09	3313.56	.563	22366.52	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	3	27	88,890.86	3292.25	.563	29630.29	
ACCOMMODATIONS	3	27	26,720.00	989.63	.563	8906.67	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	27	26,720.00	989.63	.563	8906.67	

ANCILLARIES	3	0		62,170.86	.00	.000	20723.62	
INPATIENT CROSSOVERS	1	0		575.23	.00	.000	575.23	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	35	211		9,220.25	43.70	4.396	263.44	
MEDICAL	17	38		2,500.48	65.80	.792	147.09	
SURGERY	4	6		310.84	51.81	.125	77.71	
PATHOLOGY	16	99		1,308.03	13.21	2.063	81.75	
RADIOLOGY	18	30		4,125.43	137.51	.625	229.19	
ROOM USE	11	19		725.82	38.20	.396	65.98	
CROSSOVERS/ALL OTH OUTPTNT	8	19		249.65	13.14	.396	31.21	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	6	\$	1,200.00	\$ 200.00	.125	\$ 1200.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	1	6		1,200.00	200.00	.125	1200.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	12	25	\$	500.84	\$ 20.03	.521	\$ 41.74	\$
PATHOLOGY	12	25		500.84	20.03	.521	41.74	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	21	31	\$	3,396.83	\$ 109.58	.646	\$ 161.75	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	21	31		3,396.83	109.58	.646	161.75	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	20	194	\$ 7,503.16	\$ 38.68	4.042	\$ 375.16	\$
DURABLE MED. EQUIP.	1	1	11.99	11.99	.021	11.99	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7	141	4,714.72	33.44	2.938	673.53	
AMBULANCES/AIR TRANS	7	137	2,144.96	15.66	2.854	306.42	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	3	4	2,569.76	642.44	.083	856.59	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	4	10	102.05	10.21	.208	25.51
PHYSICAL THERAPIST	1	23	343.39	14.93	.479	343.39
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	8	19	2,331.01	122.68	.396	291.38
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	8	17	\$ 774.91	\$ 45.58	.354	\$ 96.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

97 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	151	609	\$ 67,865.43	\$ 111.44	6.278	\$ 449.44	\$
@PHYSICIANS SERVICES	43	76	\$ 5,530.96	\$ 72.78	.784	\$ 128.63	\$
OUTPATIENT VISITS	5	5	227.91	45.58	.052	45.58	
OFFICE VISITS	5	5	227.91	45.58	.052	45.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	

OTHER OUTPATIENT	0	0		.00	.00	.000	.00
INPATIENT VISITS	1	1		90.82	90.82	.010	90.82
HOSPITAL VISITS	1	1		90.82	90.82	.010	90.82
CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00
EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	2	3		2,013.07	671.02	.031	1006.54
PRINCIPAL SURGEON	2	2		1,850.93	925.47	.021	925.47
ASSISTANT SURGEON	1	1		162.14	162.14	.010	162.14
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	4	5		1,043.08	208.62	.052	260.77
PRINCIPAL SURGEON	4	5		1,043.08	208.62	.052	260.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	4	5		146.74	29.35	.052	36.69
RADIOLOGY	34	54		1,936.32	35.86	.557	56.95
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	2	3		73.02	24.34	.031	36.51
@PHARMACY	25	64	\$	5,184.64	\$ 81.01	.660	\$ 207.39
PRESCRIPTION DRUGS	25	64		5,184.64	81.01	.660	207.39
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	25	64		5,184.64	81.01	.660	207.39
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

97 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C
					PER ELIG      USER	E
@OPTOMETRIST	4	17	\$ 318.35	\$ 18.73	.175	\$ 79.59
DIAGNOSTIC AND ANC. PROCED	4	8	189.80	23.73	.082	47.45
EYE APPLIANCES	3	9	128.55	14.28	.093	42.85
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00

@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	3	22	\$	398.49	\$	18.11	.227	\$	132.83	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	66	294	\$	44,307.38	\$	150.71	3.031	\$	671.32	\$
HOSP INPATIENT TOTAL	5	8		33,538.43		4192.30	.082		6707.69	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	5	8		33,538.43		4192.30	.082		6707.69	
ACCOMMODATIONS	5	8		5,811.53		726.44	.082		1162.31	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	5	8		5,811.53		726.44	.082		1162.31	
ANCILLARIES	5	0		27,726.90		.00	.000		5545.38	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	63	286		10,768.95		37.65	2.948		170.94	
MEDICAL	34	50		3,962.99		79.26	.515		116.56	
SURGERY	5	7		374.55		53.51	.072		74.91	
PATHOLOGY	24	88		908.64		10.33	.907		37.86	
RADIOLOGY	35	42		3,259.18		77.60	.433		93.12	
ROOM USE	32	43		1,492.62		34.71	.443		46.64	
CROSSOVERS/ALL OTH OUTPTNT	24	56		770.97		13.77	.577		32.12	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	97 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	66		294	\$ 44,307.38	\$ 150.71	3.031	\$ 671.32	\$
COMM HOSP INPATIENT TOTAL	5		8	33,538.43	4192.30	.082	6707.69	
HSC HOSPITALS	0		0	.00	.00	.000	.00	

NON-HSC HOSPITALS TOTAL	5	8		33,538.43	4192.30	.082	6707.69	
ACCOMMODATIONS	5	8		5,811.53	726.44	.082	1162.31	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	5	8		5,811.53	726.44	.082	1162.31	
ANCILLARIES	5	0		27,726.90	.00	.000	5545.38	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	63	286		10,768.95	37.65	2.948	170.94	
MEDICAL	34	50		3,962.99	79.26	.515	116.56	
SURGERY	5	7		374.55	53.51	.072	74.91	
PATHOLOGY	24	88		908.64	10.33	.907	37.86	
RADIOLOGY	35	42		3,259.18	77.60	.433	93.12	
ROOM USE	32	43		1,492.62	34.71	.443	46.64	
CROSSOVERS/ALL OTH OUTPTNT	24	56		770.97	13.77	.577	32.12	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	16	46	\$	846.55	\$ 18.40	.474	\$ 52.91	\$
PATHOLOGY	16	46		846.55	18.40	.474	52.91	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	53	72	\$	10,811.48	\$ 150.16	.742	\$ 203.99	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	53	72		10,811.48	150.16	.742	203.99	

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

97 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	7	18	\$ 467.58	\$ 25.98	.186	\$ 66.80	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	5	265.90	53.18	.052	132.95	
AMBULANCES/AIR TRANS	2	5	265.90	53.18	.052	132.95	



OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	6	49.92	8.32	.062	16.64
PHYSICAL THERAPIST	1	6	145.65	24.28	.062	145.65
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1	1	6.11	6.11	.010	6.11
@CALIF. CHILDREN SERVICES*	1	2	\$ 1,131.03	\$ 565.52	.021	\$ 1131.03
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 6.11	\$ 6.11	.010	\$ 6.11

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

198 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	C	
					PER ELIG      USER	E	
@TOTAL, ALL PROVIDERS	363	2,067	\$ 281,520.45	\$ 136.20	10.439	\$ 775.54	\$
@PHYSICIANS SERVICES	104	392	\$ 12,518.43	\$ 31.93	1.980	\$ 120.37	\$
OUTPATIENT VISITS	13	17	704.37	41.43	.086	54.18	
OFFICE VISITS	11	15	527.94	35.20	.076	47.99	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	176.43	88.22	.010	88.22	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	4	10	611.27	61.13	.051	152.82	
HOSPITAL VISITS	4	9	489.67	54.41	.045	122.42	
CRITICAL CARE	1	1	121.60	121.60	.005	121.60	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	3	2,013.07	671.02	.015	1006.54	
PRINCIPAL SURGEON	2	2	1,850.93	925.47	.010	925.47	
ASSISTANT SURGEON	1	1	162.14	162.14	.005	162.14	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	9	11	2,335.08	212.28	.056	259.45	
PRINCIPAL SURGEON	9	11	2,335.08	212.28	.056	259.45	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	9	19	497.08	26.16	.096	55.23	
RADIOLOGY	61	116	3,832.00	33.03	.586	62.82	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	3	143	1,083.98	7.58	.722	361.33	
OTHER SERVICES/ALL X-OVERS	27	73	1,441.58	19.75	.369	53.39	
@PHARMACY	132	625	\$ 91,360.26	\$ 146.18	3.157	\$ 692.12	\$
PRESCRIPTION DRUGS	128	606	90,890.32	149.98	3.061	710.08	
SNF/ICF	5	40	1,456.31	36.41	.202	291.26	
OUTPATIENTS	124	566	89,434.01	158.01	2.859	721.24	
MEDICAL SUPPLIES	7	19	469.94	24.73	.096	67.13	
@DENTIST	1	2	\$ 67.00	\$ 33.50	.010	\$ 67.00	\$
VISITS - DIAGNOSTIC	1	1	10.00	10.00	.005	10.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1	57.00	57.00	.005	57.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						

198 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	6	25	\$ 461.76	\$ 18.47	.126	\$ 76.96	\$
DIAGNOSTIC AND ANC. PROCED	5	10	237.25	23.73	.051	47.45	

EYE APPLIANCES	5	15		224.51		14.97	.076	44.90	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	.00	\$
VISITS	0	0		.00		.00	.000	.00	
OTHER SERVICES	0	0		.00		.00	.000	.00	
@PODIATRIST	1	1	\$	1.56	\$	1.56	.005	1.56	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	
SURGERY/ANES.	0	0		.00		.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	
OTHER	1	1		1.56		1.56	.005	1.56	
@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	.025	329.57	\$
NURSE ANESTHESIST	5	34	\$	578.33	\$	17.01	.172	115.67	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$
@TOTAL HOSPITAL	110	533	\$	146,196.59	\$	274.29	2.692	1329.06	\$
HOSP INPATIENT TOTAL	15	35		126,181.50		3605.19	.177	8412.10	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITAL TOTAL	8	35		122,429.29		3497.98	.177	15303.66	
ACCOMMODATIONS	8	35		32,531.53		929.47	.177	4066.44	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	8	35		32,531.53		929.47	.177	4066.44	
ANCILLARIES	8	0		89,897.76		.00	.000	11237.22	
INPATIENT CROSSOVERS	7	0		3,752.21		.00	.000	536.03	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	99	498		20,015.09		40.19	2.515	202.17	
MEDICAL	51	88		6,463.47		73.45	.444	126.73	
SURGERY	9	13		685.39		52.72	.066	76.15	
PATHOLOGY	40	187		2,216.67		11.85	.944	55.42	
RADIOLOGY	54	73		7,410.50		101.51	.369	137.23	
ROOM USE	43	62		2,218.44		35.78	.313	51.59	
CROSSOVERS/ALL OTH OUTPTNT	32	75		1,020.62		13.61	.379	31.89	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -

198 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@COMMUNITY HOSPITAL TOTAL	110	533	\$ 146,196.59	\$ 274.29	2.692	\$ 1329.06	\$	
COMM HOSP INPATIENT TOTAL	15	35	126,181.50	3605.19	.177	8412.10		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	8	35	122,429.29	3497.98	.177	15303.66		
ACCOMMODATIONS	8	35	32,531.53	929.47	.177	4066.44		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	8	35	32,531.53	929.47	.177	4066.44		
ANCILLARIES	8	0	89,897.76	.00	.000	11237.22		
INPATIENT CROSSOVERS	7	0	3,752.21	.00	.000	536.03		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	99	498	20,015.09	40.19	2.515	202.17		
MEDICAL	51	88	6,463.47	73.45	.444	126.73		
SURGERY	9	13	685.39	52.72	.066	76.15		
PATHOLOGY	40	187	2,216.67	11.85	.944	55.42		
RADIOLOGY	54	73	7,410.50	101.51	.369	137.23		
ROOM USE	43	62	2,218.44	35.78	.313	51.59		
CROSSOVERS/ALL OTH OUTPTNT	32	75	1,020.62	13.61	.379	31.89		
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		
@NURSING FACILITY	3	23	\$ 4,603.60	\$ 200.16	.116	\$ 1534.53	\$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
LEV B-REGULAR	3	23	4,603.60	200.16	.116	1534.53		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
ICF DDH	0	0	.00	.00	.000	.00		
ICF DD	0	0	.00	.00	.000	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		
@LABORATORY FACILITY	28	71	\$ 1,347.39	\$ 18.98	.359	\$ 48.12	\$	
PATHOLOGY	28	71	1,347.39	18.98	.359	48.12		
XO AND OTHERS	0	0	.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	81	130	\$ 15,876.50	\$ 122.13	.657	\$ 196.01	\$	
CLINIC	0	0	.00	.00	.000	.00		
SURGICENTER	0	0	.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		
RURAL HEALTH CLINIC	81	130	15,876.50	122.13	.657	196.01		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

198 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	34	226	\$ 8,179.46	\$ 36.19	1.141	\$ 240.57	\$

----- MONTHLY AVERAGE -

DURABLE MED. EQUIP.	1	1	11.99	11.99	.005	11.99
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	9	146	4,980.62	34.11	.737	553.40
AMBULANCES/AIR TRANS	9	142	2,410.86	16.98	.717	267.87
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	3	4	2,569.76	642.44	.020	856.59
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	8	20	185.22	9.26	.101	23.15
PHYSICAL THERAPIST	2	29	489.04	16.86	.146	244.52
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	16	30	2,512.59	83.75	.152	157.04
@CALIF. CHILDREN SERVICES*	1	2	\$ 1,131.03	\$ 565.52	.010	\$ 1131.03
@XOVER EXCLUDING STATE HOSP**	35	58	\$ 6,547.89	\$ 112.89	.293	\$ 187.08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED      AID CODE 13

548 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@TOTAL, ALL PROVIDERS	654	22,890	\$ 1,786,472.04	\$ 78.05	41.770	\$ 2731.61	\$
@PHYSICIANS SERVICES	68	149	\$ 2,307.50	\$ 15.49	.272	\$ 33.93	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	1	27.50	27.50	.002	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.002	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	

PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	67	148		2,280.00	15.41	.270	34.03
@PHARMACY	511	4,081	\$	256,213.08	\$ 62.78	7.447	\$ 501.40 \$
PRESCRIPTION DRUGS	506	4,040		254,473.77	62.99	7.372	502.91
SNF/ICF	490	3,870		257,429.15	66.52	7.062	525.37
OUTPATIENTS	17	170		2,955.38CR	17.38CR	.310	173.85CR
MEDICAL SUPPLIES	22	41		1,739.31	42.42	.075	79.06
@DENTIST	4	12	\$	151.00	\$ 12.58	.022	\$ 37.75 \$
VISITS - DIAGNOSTIC	3	11		106.00	9.64	.020	35.33
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	1	1		45.00	45.00	.002	45.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13						
548 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	6	9	\$ 215.93	\$ 23.99	.016	\$ 35.99	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	6	9	215.93	23.99	.016	35.99	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	48	144	\$	8,626.89	\$	59.91	.263	\$	179.73	\$
HOSP INPATIENT TOTAL	8	0		6,625.88		.00	.000		828.24	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	8	0		6,625.88		.00	.000		828.24	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	46	144		2,001.01		13.90	.263		43.50	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	46	144		2,001.01		13.90	.263		43.50	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED					
	AID CODE 13					
	----- MONTHLY AVERAGE -					
548 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	48	144	\$ 8,626.89	\$ 59.91	.263	\$ 179.73
COMM HOSP INPATIENT TOTAL	8	0	6,625.88	.00	.000	828.24
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	8	0	6,625.88	.00	.000	828.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	46	144	2,001.01	13.90	.263	43.50
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	46	144	2,001.01	13.90	.263	43.50
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	499	12,907	\$ 1,498,383.12	\$ 116.09	23.553	\$ 3002.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	499	12,907	1,498,383.12	116.09	23.553	3002.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	10	54	\$ 1,440.84	\$ 26.68	.099	\$ 144.08
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	10	54	1,440.84	26.68	.099	144.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					



## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

548 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	61	5,534	\$ 19,133.68	\$ 3.46	10.099	\$ 313.67	\$
DURABLE MED. EQUIP.	12	662	16,171.32	24.43	1.208	1347.61	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	14	66	601.64	9.12	.120	42.97	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	14	66	601.64	9.12	.120	42.97	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	11	26	305.73	11.76	.047	27.79	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	.16	.08	.004	.16	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	1	125.00	125.00	.002	125.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	23	4,777	1,929.83	.40	8.717	83.91	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	158	4,532	\$ 47,681.57	\$ 10.52	8.270	\$ 301.78	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$	\$	.000	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$	\$	.000	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND					
	AID CODE 23					
	----- MONTHLY AVERAGE -					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$	.00	.000	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	.000	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00

OTHER	0	0		.00		.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00

SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	68	1,839	\$ 160,839.93	\$ 87.46	43.786	\$ 2365.29	\$
@PHYSICIANS SERVICES	10	10	\$ 337.02	\$ 33.70	.238	\$ 33.70	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	

OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00
INPATIENT VISITS	1	1		40.00	40.00	.024	40.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00
CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	1	1		40.00	40.00	.024	40.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00
EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	1	1		59.05	59.05	.024	59.05
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	8	8		237.97	29.75	.190	29.75
@PHARMACY	50	373	\$	43,014.23	\$ 115.32	8.881	\$ 860.28 \$
PRESCRIPTION DRUGS	49	366		42,819.86	116.99	8.714	873.87
SNF/ICF	41	321		38,110.21	118.72	7.643	929.52
OUTPATIENTS	8	45		4,709.65	104.66	1.071	588.71
MEDICAL SUPPLIES	4	7		194.37	27.77	.167	48.59
@DENTIST	1	1	\$	50.00	\$ 50.00	.024	\$ 50.00 \$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	1	1		50.00	50.00	.024	50.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.071	\$ 53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	53.11	17.70	.071	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.024	\$ 16.72	\$
VISITS	0	0	.00	.00	.000	.00	

OTHER SERVICES	1	1		16.72	16.72	.024	16.72	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	12	52	\$	3,024.64	\$ 58.17	1.238	\$ 252.05	\$
HOSP INPATIENT TOTAL	2	0		1,824.00	.00	.000	912.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0		1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	12	52		1,200.64	23.09	1.238	100.05	
MEDICAL	2	2		166.31	83.16	.048	83.16	
SURGERY	2	2		143.82	71.91	.048	71.91	
PATHOLOGY	4	25		333.60	13.34	.595	83.40	
RADIOLOGY	1	1		197.65	197.65	.024	197.65	
ROOM USE	3	3		117.80	39.27	.071	39.27	
CROSSOVERS/ALL OTH OUTPTNT	9	19		241.46	12.71	.452	26.83	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

	42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	12	52	\$	3,024.64	\$ 58.17	1.238	\$ 252.05	\$
COMM HOSP INPATIENT TOTAL	2	0		1,824.00	.00	.000	912.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	12	52	1,200.64	23.09	1.238	100.05
MEDICAL	2	2	166.31	83.16	.048	83.16
SURGERY	2	2	143.82	71.91	.048	71.91
PATHOLOGY	4	25	333.60	13.34	.595	83.40
RADIOLOGY	1	1	197.65	197.65	.024	197.65
ROOM USE	3	3	117.80	39.27	.071	39.27
CROSSOVERS/ALL OTH OUTPTNT	9	19	241.46	12.71	.452	26.83
@STATE HOSPITAL	0	0	.00	.00	.000	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	40	998	112,515.74	112.74	23.762	2812.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	40	998	112,515.74	112.74	23.762	2812.89
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	2	8	104.93	13.12	.190	52.47
PATHOLOGY	2	8	104.93	13.12	.190	52.47
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	7	16	798.00	49.88	.381	114.00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	7	16	798.00	49.88	.381	114.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024      FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	10	377	\$ 925.54	\$ 2.46	8.976	\$ 92.55	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	8	371	870.99	2.35	8.833	108.87	



AMBULANCES/AIR TRANS	4	11	306.05	27.82	.262	76.51
OTHER TRANS	4	360	564.94	1.57	8.571	141.24
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	4	33.25	8.31	.095	33.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	2	21.30	10.65	.048	10.65
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	13	24	2,299.65	95.82	.571	176.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

					----- MONTHLY AVERAGE -			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@TOTAL, ALL PROVIDERS	0	0	.00	\$ .00	.000	\$ .00	\$	
@PHYSICIANS SERVICES	0	0	.00	\$ .00	.000	\$ .00	\$	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED					
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00

DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$ .00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00	
HSC HOSPITALS	0	0	.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00	
MEDICAL	0	0	.00	.00	.000 .00	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	0	0	.00	.00	.000 .00	
RADIOLOGY	0	0	.00	.00	.000 .00	
ROOM USE	0	0	.00	.00	.000 .00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	
ICF DDN/DDCN	0	0	.00	.00	.000 .00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
INDEPENDENT FACILITY	0	0	.00	.00	.000 .00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
PATHOLOGY	0	0	.00	.00	.000 .00	
XO AND OTHERS	0	0	.00	.00	.000 .00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$ .00	\$
CLINIC	0	0	.00	.00	.000 .00	
SURGICENTER	0	0	.00	.00	.000 .00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000 .00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000 .00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
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@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

	590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@TOTAL, ALL PROVIDERS	722	24,729	\$	1,947,311.97	\$ 78.75	41.914	\$ 2697.11	\$
@PHYSICIANS SERVICES	78	159	\$	2,644.52	\$ 16.63	.269	\$ 33.90	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	2	2		67.50	33.75	.003	33.75	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	2	2		67.50	33.75	.003	33.75	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	1	1		59.05		59.05	.002	59.05	
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	75	156		2,517.97		16.14	.264	33.57	
@PHARMACY	561	4,454	\$	299,227.31	\$	67.18	7.549	533.38	
PRESCRIPTION DRUGS	555	4,406		297,293.63		67.47	7.468	535.66	
SNF/ICF	531	4,191		295,539.36		70.52	7.103	556.57	
OUTPATIENTS	25	215		1,754.27		8.16	.364	70.17	
MEDICAL SUPPLIES	26	48		1,933.68		40.29	.081	74.37	
@DENTIST	5	13	\$	201.00	\$	15.46	.022	40.20	
VISITS - DIAGNOSTIC	3	11		106.00		9.64	.019	35.33	
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	2	2		95.00		47.50	.003	47.50	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	1	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.005	\$ 53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	53.11	17.70	.005	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.002	\$ 16.72	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	16.72	16.72	.002	16.72	
@PODIATRIST	6	9	\$ 215.93	\$ 23.99	.015	\$ 35.99	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	6	9	215.93	23.99	.015	35.99	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	60	196	\$ 11,651.53	\$ 59.45	.332	\$ 194.19	\$
HOSP INPATIENT TOTAL	10	0	8,449.88	.00	.000	844.99	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	10	0	8,449.88	.00	.000	844.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	58	196	3,201.65	16.33	.332	55.20	
MEDICAL	2	2	166.31	83.16	.003	83.16	
SURGERY	2	2	143.82	71.91	.003	71.91	
PATHOLOGY	4	25	333.60	13.34	.042	83.40	
RADIOLOGY	1	1	197.65	197.65	.002	197.65	
ROOM USE	3	3	117.80	39.27	.005	39.27	
CROSSOVERS/ALL OTH OUTPTNT	55	163	2,242.47	13.76	.276	40.77	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL					

  

	590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	60	196	\$	11,651.53	\$ 59.45	.332	\$ 194.19	\$
COMM HOSP INPATIENT TOTAL	10	0		8,449.88	.00	.000	844.99	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	10	0		8,449.88	.00	.000	844.99	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	58	196		3,201.65	16.33	.332	55.20	
MEDICAL	2	2		166.31	83.16	.003	83.16	
SURGERY	2	2		143.82	71.91	.003	71.91	
PATHOLOGY	4	25		333.60	13.34	.042	83.40	
RADIOLOGY	1	1		197.65	197.65	.002	197.65	
ROOM USE	3	3		117.80	39.27	.005	39.27	
CROSSOVERS/ALL OTH OUTPTNT	55	163		2,242.47	13.76	.276	40.77	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	539	13,905	\$	1,610,898.86	\$ 115.85	23.568	\$ 2988.68	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	539	13,905		1,610,898.86	115.85	23.568	2988.68	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	2	8	\$	104.93	\$ 13.12	.014	\$ 52.47	\$
PATHOLOGY	2	8		104.93	13.12	.014	52.47	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	17	70	\$	2,238.84	\$ 31.98	.119	\$ 131.70	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	17	70		2,238.84	31.98	.119	131.70	

  

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
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MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	71	5,911	\$ 20,059.22	\$ 3.39	10.019	\$ 282.52	\$
DURABLE MED. EQUIP.	12	662	16,171.32	24.43	1.122	1347.61	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	22	437	1,472.63	3.37	.741	66.94	
AMBULANCES/AIR TRANS	4	11	306.05	27.82	.019	76.51	
OTHER TRANS	18	426	1,166.58	2.74	.722	64.81	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	12	30	338.98	11.30	.051	28.25	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	.16	.08	.003	.16	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	1	125.00	125.00	.002	125.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	25	4,779	1,951.13	.41	8.100	78.05	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	171	4,556	\$ 49,981.22	\$ 10.97	7.722	\$ 292.29	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	3,047	60,038	\$ 2,630,597.18	\$ 43.82	20.120	\$ 863.34	\$
@PHYSICIANS SERVICES	389	908	\$ 17,290.82	\$ 19.04	.304	\$ 44.45	\$
OUTPATIENT VISITS	12	12	859.80	71.65	.004	71.65	
OFFICE VISITS	9	9	654.75	72.75	.003	72.75	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	3	3	205.05	68.35	.001	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	1	27.50	27.50	.000	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	

CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50
OPHTHALMOLOGICAL SERVICES	1	1		6.01	6.01	.000	6.01
EXAMINATIONS	1	1		6.01	6.01	.000	6.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	1	1		374.91	374.91	.000	374.91
PRINCIPAL SURGEON	1	1		374.91	374.91	.000	374.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	2	4		25.37	6.34	.001	12.69
RADIOLOGY	14	31		1,740.84	56.16	.010	124.35
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	362	858		14,256.39	16.62	.288	39.38
@PHARMACY	2,171	35,150	\$	849,858.58	\$ 24.18	11.779	\$ 391.46 \$
PRESCRIPTION DRUGS	2,102	10,782		835,448.15	77.49	3.613	397.45
SNF/ICF	534	4,219		276,638.54	65.57	1.414	518.05
OUTPATIENTS	1,571	6,563		558,809.61	85.15	2.199	355.70
MEDICAL SUPPLIES	175	24,368		14,410.43	.59	8.166	82.35
@DENTIST	28	111	\$	6,854.00	\$ 61.75	.037	\$ 244.79 \$
VISITS - DIAGNOSTIC	18	59		561.00	9.51	.020	31.17
ORAL SURGERY	2	28		1,371.00	48.96	.009	685.50
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00
PERIODONTICS	1	1		55.00	55.00	.000	55.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	2	2		142.00	71.00	.001	71.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	11	18		4,525.00	251.39	.006	411.36
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	2	1		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@OPTOMETRIST	34	104	\$	1,820.35	\$ 17.50	.035	\$ 53.54	\$
DIAGNOSTIC AND ANC. PROCED	9	15		340.16	22.68	.005	37.80	
EYE APPLIANCES	30	85		1,385.85	16.30	.028	46.20	
OTHER OPTOMETRIC SERVICES	3	4		94.34	23.59	.001	31.45	
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	
@PODIATRIST	41	55	\$	751.10	\$ 13.66	.018	\$ 18.32	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00
OTHER	41	55		751.10		13.66	.018	18.32
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00
@TOTAL HOSPITAL	276	787	\$	67,259.34	\$	85.46	.264	243.69
HOSP INPATIENT TOTAL	73	0		48,971.13		.00	.000	670.84
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	73	0		48,971.13		.00	.000	670.84
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	235	787		18,288.21		23.24	.264	77.82
MEDICAL	16	20		1,106.79		55.34	.007	69.17
SURGERY	2	3		93.40		31.13	.001	46.70
PATHOLOGY	14	55		616.74		11.21	.018	44.05
RADIOLOGY	17	75		6,645.14		88.60	.025	390.89
ROOM USE	10	13		664.49		51.11	.004	66.45
CROSSOVERS/ALL OTH OUTPTNT	213	621		9,161.65		14.75	.208	43.01
@COUNTY HOSPITAL TOTAL	1	3	\$	16.10	\$	5.37	.001	16.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00

CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.001	16.10
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.001	16.10

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

	2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	275	784	\$	67,243.24	\$ 85.77	.263	\$ 244.52	\$
COMM HOSP INPATIENT TOTAL	73	0		48,971.13	.00	.000	670.84	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	73	0		48,971.13	.00	.000	670.84	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	234	784		18,272.11	23.31	.263	78.09	
MEDICAL	16	20		1,106.79	55.34	.007	69.17	
SURGERY	2	3		93.40	31.13	.001	46.70	
PATHOLOGY	14	55		616.74	11.21	.018	44.05	
RADIOLOGY	17	75		6,645.14	88.60	.025	390.89	
ROOM USE	10	13		664.49	51.11	.004	66.45	
CROSSOVERS/ALL OTH OUTPTNT	212	618		9,145.55	14.80	.207	43.14	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	542	13,617	\$	1,608,913.56	\$ 118.15	4.563	\$ 2968.48	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	542	13,617		1,608,913.56	118.15	4.563	2968.48	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	6	9	\$	152.10	\$ 16.90	.003	\$ 25.35	\$
PATHOLOGY	5	8		143.60	17.95	.003	28.72	
XO AND OTHERS	1	1		8.50	8.50	.000	8.50	
@ORGANIZED OUTPATIENT CLINIC	356	669	\$	36,936.30	\$ 55.21	.224	\$ 103.75	\$

CLINIC	3	9	377.14	41.90	.003	125.71
SURGICENTER	1	1	205.06	205.06	.000	205.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	352	659	36,354.10	55.17	.221	103.28

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	381	8,627	\$ 40,744.31	\$ 4.72	2.891	\$ 106.94	\$
DURABLE MED. EQUIP.	18	670	16,589.95	24.76	.225	921.66	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	21	1,246	2,357.14	1.89	.418	112.24	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	20	1,245	2,354.61	1.89	.417	117.73	
OTHER SERVICES	1	1	2.53	2.53	.000	2.53	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	85	226	2,227.99	9.86	.076	26.21	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	.16	.08	.001	.16	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	4	4	1,695.10	423.78	.001	423.78	
HOSPICE SERVICES	1	8	1,153.36	144.17	.003	1153.36	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	261	6,471	16,720.61	2.58	2.169	64.06	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	834	11,046	\$ 149,377.67	\$ 13.52	3.702	\$ 179.11	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ 223.20	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	

PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV						
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						
----- MONTHLY AVERAGE -----						
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00

VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
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DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	223.20	\$	.00	.000	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		223.20		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

1,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	2,186	19,517	\$ 1,689,834.30	\$ 86.58	10.683	\$ 773.03	\$

@PHYSICIANS SERVICES	402	1,963	\$	80,499.06	\$	41.01	1.074	\$	200.25	\$
OUTPATIENT VISITS	67	105		3,977.70		37.88	.057		59.37	
OFFICE VISITS	56	92		3,053.27		33.19	.050		54.52	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	10	11		833.05		75.73	.006		83.31	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	2	2		91.38		45.69	.001		45.69	
INPATIENT VISITS	15	66		2,645.54		40.08	.036		176.37	
HOSPITAL VISITS	14	64		2,483.94		38.81	.035		177.42	
CRITICAL CARE	1	1		121.60		121.60	.001		121.60	
SNF/ICF/TRANS IP CARE	1	1		40.00		40.00	.001		40.00	
OPHTHALMOLOGICAL SERVICES	5	7		277.18		39.60	.004		55.44	
EXAMINATIONS	5	7		277.18		39.60	.004		55.44	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	10	77		3,877.05		50.35	.042		387.71	
PRINCIPAL SURGEON	7	9		2,986.06		331.78	.005		426.58	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	4	68		890.99		13.10	.037		222.75	
OUTPATIENT SURGERY	21	52		6,273.15		120.64	.028		298.72	
PRINCIPAL SURGEON	20	23		5,798.32		252.10	.013		289.92	
ASSISTANT SURGEON	1	1		88.61		88.61	.001		88.61	
ANESTHESIOLOGIST	2	28		386.22		13.79	.015		193.11	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	28	105		1,191.29		11.35	.057		42.55	
RADIOLOGY	114	298		7,628.64		25.60	.163		66.92	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	16	563		34,286.34		60.90	.308		2142.90	
OTHER SERVICES/ALL X-OVERS	238	690		20,342.17		29.48	.378		85.47	
@PHARMACY	1,417	10,417	\$	758,334.41	\$	72.80	5.702	\$	535.17	\$
PRESCRIPTION DRUGS	1,382	6,805		745,601.82		109.57	3.725		539.51	
SNF/ICF	50	417		42,691.33		102.38	.228		853.83	
OUTPATIENTS	1,332	6,388		702,910.49		110.04	3.496		527.71	
MEDICAL SUPPLIES	111	3,612		12,732.59		3.53	1.977		114.71	
@DENTIST	35	135	\$	6,247.00	\$	46.27	.074	\$	178.49	\$
VISITS - DIAGNOSTIC	24	47		863.00		18.36	.026		35.96	
ORAL SURGERY	4	63		3,700.00		58.73	.034		925.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	3	4		300.00		75.00	.002		100.00	
PERIODONTICS	1	1		118.00		118.00	.001		118.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	5	9		481.00		53.44	.005		96.20	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	8	8		785.00		98.13	.004		98.13	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	4	3		.00		.00	.002		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY -      DISABLED

1,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
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@OPTOMETRIST	62	189	\$	3,570.39	\$	18.89	.103	\$	57.59	\$
DIAGNOSTIC AND ANC. PROCED	31	51		1,252.58		24.56	.028		40.41	
EYE APPLIANCES	49	136		2,310.36		16.99	.074		47.15	
OTHER OPTOMETRIC SERVICES	1	2		7.45		3.73	.001		7.45	
@CHIROPRACTOR	13	21	\$	337.45	\$	16.07	.011	\$	25.96	\$
VISITS	4	6		100.32		16.72	.003		25.08	
OTHER SERVICES	9	15		237.13		15.81	.008		26.35	
@PODIATRIST	28	82	\$	912.79	\$	11.13	.045	\$	32.60	\$
MEDICINE/INJECTIONS	5	7		201.20		28.74	.004		40.24	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	23	75		711.59		9.49	.041		30.94	
@HOME HEALTH AGENCY	5	61	\$	3,910.56	\$	64.11	.033	\$	782.11	\$
NURSE ANESTHESIST	6	34	\$	547.35	\$	16.10	.019	\$	91.23	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	315	1,669	\$	597,236.39	\$	357.84	.914	\$	1895.99	\$
HOSP INPATIENT TOTAL	63	191		545,244.85		2854.69	.105		8654.68	
HSC HOSPITALS	1	1		1,030.00		1030.00	.001		1030.00	
NON-HSC HOSPITAL TOTAL	26	190		525,035.31		2763.34	.104		20193.67	
ACCOMMODATIONS	26	190		207,667.89		1092.99	.104		7987.23	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	26	190		207,667.89		1092.99	.104		7987.23	
ANCILLARIES	26	0		317,367.42		.00	.000		12206.44	
INPATIENT CROSSOVERS	36	0		19,179.54		.00	.000		532.77	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	281	1,478		51,991.54		35.18	.809		185.02	
MEDICAL	77	202		12,485.96		61.81	.111		162.16	
SURGERY	18	22		1,348.93		61.32	.012		74.94	
PATHOLOGY	79	439		5,498.01		12.52	.240		69.60	
RADIOLOGY	74	121		13,474.90		111.36	.066		182.09	
ROOM USE	66	127		4,988.98		39.28	.070		75.59	
CROSSOVERS/ALL OTH OUTPTNT	187	567		14,194.76		25.03	.310		75.91	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

1,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	315	1,669	\$ 597,236.39	\$ 357.84	.914	\$ 1895.99	\$
COMM HOSP INPATIENT TOTAL	63	191	545,244.85	2854.69	.105	8654.68	
HSC HOSPITALS	1	1	1,030.00	1030.00	.001	1030.00	
NON-HSC HOSPITALS TOTAL	26	190	525,035.31	2763.34	.104	20193.67	
ACCOMMODATIONS	26	190	207,667.89	1092.99	.104	7987.23	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	26	190	207,667.89	1092.99	.104	7987.23	
ANCILLARIES	26	0	317,367.42	.00	.000	12206.44	
INPATIENT CROSSOVERS	36	0	19,179.54	.00	.000	532.77	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	281	1,478	51,991.54	35.18	.809	185.02	
MEDICAL	77	202	12,485.96	61.81	.111	162.16	
SURGERY	18	22	1,348.93	61.32	.012	74.94	
PATHOLOGY	79	439	5,498.01	12.52	.240	69.60	
RADIOLOGY	74	121	13,474.90	111.36	.066	182.09	
ROOM USE	66	127	4,988.98	39.28	.070	75.59	
CROSSOVERS/ALL OTH OUTPTNT	187	567	14,194.76	25.03	.310	75.91	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	46	1,045	\$ 125,916.09	\$ 120.49	.572	\$ 2737.31	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	46	1,045	125,916.09	120.49	.572	2737.31	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1	6	\$ 125.13	\$ 20.86	.003	\$ 125.13	\$
HOSPITAL BASED	1	6	125.13	20.86	.003	125.13	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	52	196	\$ 3,335.31	\$ 17.02	.107	\$ 64.14	\$
PATHOLOGY	52	196	3,335.31	17.02	.107	64.14	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	556	952	\$ 69,429.65	\$ 72.93	.521	\$ 124.87	\$
CLINIC	1	1	8.08	8.08	.001	8.08	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	555	951	69,421.57	73.00	.521	125.08	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

1,827 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE - UNITS/DAYS	COST PER USER	- C F
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@ALL OTHER PROVIDERS	256	2,747	\$	39,432.72	\$ 14.35	1.504	\$ 154.03	\$
DURABLE MED. EQUIP.	16	30		4,162.63	138.75	.016	260.16	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	34	838		12,882.32	15.37	.459	378.89	
AMBULANCES/AIR TRANS	29	460		7,085.33	15.40	.252	244.32	
OTHER TRANS	4	360		564.94	1.57	.197	141.24	
OTHER SERVICES	12	18		5,232.05	290.67	.010	436.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	71	187		1,880.78	10.06	.102	26.49	
PHYSICAL THERAPIST	7	57		871.37	15.29	.031	124.48	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	20		3,858.48	192.92	.011	3858.48	
PROSTHETICS	1	20		3,858.48	192.92	.011	3858.48	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4		7.64	1.91	.002	7.64	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	26	1,195		7,867.94	6.58	.654	302.61	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	110	416		7,901.56	18.99	.228	71.83	
@CALIF. CHILDREN SERVICES*	3	30	\$	4,839.88	\$ 161.33	.016	\$ 1613.29	\$
@XOVER EXCLUDING STATE HOSP**	466	3,938	\$	50,445.63	\$ 12.81	2.155	\$ 108.25	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

25,426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C F
@TOTAL, ALL PROVIDERS	13,497	63,147	\$ 3,983,017.93	\$ 63.08	2.484	\$ 295.10	\$
@PHYSICIANS SERVICES	2,316	4,666	\$ 199,944.34	\$ 42.85	.184	\$ 86.33	\$
OUTPATIENT VISITS	500	614	24,299.10	39.58	.024	48.60	
OFFICE VISITS	401	449	17,232.48	38.38	.018	42.97	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	72	83	4,375.42	52.72	.003	60.77	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.003	119.74	
OTHER OUTPATIENT	12	12	416.13	34.68	.000	34.68	
INPATIENT VISITS	71	389	35,601.89	91.52	.015	501.44	
HOSPITAL VISITS	53	122	6,127.18	50.22	.005	115.61	
CRITICAL CARE	20	266	29,402.61	110.54	.010	1470.13	
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	
OPHTHALMOLOGICAL SERVICES	29	36	1,273.27	35.37	.001	43.91	
EXAMINATIONS	29	36	1,273.27	35.37	.001	43.91	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	63	255	29,476.15	115.59	.010	467.88	
PRINCIPAL SURGEON	46	49	24,588.96	501.82	.002	534.54	
ASSISTANT SURGEON	4	4	598.60	149.65	.000	149.65	
ANESTHESIOLOGIST	16	202	4,288.59	21.23	.008	268.04	
OUTPATIENT SURGERY	166	458	40,190.40	87.75	.018	242.11	
PRINCIPAL SURGEON	159	206	38,306.46	185.95	.008	240.92	
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	
ANESTHESIOLOGIST	9	251	1,749.17	6.97	.010	194.35	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	134	295	4,434.98	15.03	.012	33.10	
RADIOLOGY	1,530	2,167	52,073.38	24.03	.085	34.03	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	22	46	540.81	11.76	.002	24.58	
OTHER SERVICES/ALL X-OVERS	232	406	12,054.36	29.69	.016	51.96	
@PHARMACY	6,383	15,790	\$ 903,181.59	\$ 57.20	.621	\$ 141.50	\$
PRESCRIPTION DRUGS	6,345	15,561	889,968.93	57.19	.612	140.26	
SNF/ICF	1	1	8.53	8.53	.000	8.53	
OUTPATIENTS	6,344	15,560	889,960.40	57.20	.612	140.28	
MEDICAL SUPPLIES	155	229	13,212.66	57.70	.009	85.24	
@DENTIST	151	925	\$ 40,805.00	\$ 44.11	.036	\$ 270.23	\$
VISITS - DIAGNOSTIC	122	466	7,483.00	16.06	.018	61.34	
ORAL SURGERY	50	238	16,399.00	68.90	.009	327.98	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	19	19	2,000.00	105.26	.001	105.26	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	10	16	1,273.00	79.56	.001	127.30	
RESTORATIVE DENTISTRY	39	150	6,945.00	46.30	.006	178.08	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	9	15	5,245.00	349.67	.001	582.78	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	5	5	250.00	50.00	.000	50.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	10	1,135.00	113.50	.000	141.88	
ALL OTHER SERVICES	6	6	75.00	12.50	.000	12.50	

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FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

25,426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	416	1,145	\$ 22,313.54	\$ 19.49	.045	\$ 53.64	\$
DIAGNOSTIC AND ANC. PROCED	297	468	12,025.73	25.70	.018	40.49	
EYE APPLIANCES	244	676	10,276.40	15.20	.027	42.12	
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	
@CHIROPRACTOR	164	242	\$ 4,046.24	\$ 16.72	.010	\$ 24.67	\$
VISITS	164	242	4,046.24	16.72	.010	24.67	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	64	101	\$ 3,313.12	\$ 32.80	.004	\$ 51.77	\$
MEDICINE/INJECTIONS	61	85	2,699.70	31.76	.003	44.26	
SURGERY/ANES.	3	3	377.14	125.71	.000	125.71	
RADIO./PATHOLOGY	8	11	188.59	17.14	.000	23.57	
OTHER	1	2	47.69	23.85	.000	47.69	
@HOME HEALTH AGENCY	8	180	\$ 12,088.67	\$ 67.16	.007	\$ 1511.08	\$
NURSE ANESTHESIST	129	669	\$ 13,412.40	\$ 20.05	.026	\$ 103.97	\$
NURSE MIDWIFE	62	138	\$ 25,026.42	\$ 181.35	.005	\$ 403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	1	4	\$ 29.36	\$ 7.34	.000	\$ 29.36	\$
@TOTAL HOSPITAL	3,393	17,794	\$ 1,643,653.51	\$ 92.37	.700	\$ 484.42	\$
HOSP INPATIENT TOTAL	168	670	1,070,594.65	1597.90	.026	6372.59	
HSC HOSPITALS	14	90	131,116.50	1456.85	.004	9365.46	
NON-HSC HOSPITAL TOTAL	153	580	938,907.27	1618.81	.023	6136.65	
ACCOMMODATIONS	153	580	466,377.54	804.10	.023	3048.22	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	153	580	466,377.54	804.10	.023	3048.22	
ANCILLARIES	153	0	472,529.73	.00	.000	3088.43	
INPATIENT CROSSOVERS	2	0	570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,323	17,124	573,058.86	33.47	.673	172.45	
MEDICAL	1,623	2,302	136,018.80	59.09	.091	83.81	
SURGERY	307	397	22,621.03	56.98	.016	73.68	
PATHOLOGY	1,371	4,972	61,564.26	12.38	.196	44.90	
RADIOLOGY	1,221	1,654	110,540.09	66.83	.065	90.53	
ROOM USE	1,938	2,941	110,932.52	37.72	.116	57.24	
CROSSOVERS/ALL OTH OUTPTNT	1,534	4,858	131,382.16	27.04	.191	85.65	
@COUNTY HOSPITAL TOTAL	10	47	\$ 1,536.43	\$ 32.69	.002	\$ 153.64	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	10	47	1,536.43	32.69	.002	153.64	
MEDICAL	4	5	288.46	57.69	.000	72.12	
SURGERY	1	3	61.68	20.56	.000	61.68	
PATHOLOGY	5	15	300.64	20.04	.001	60.13	

RADIOLOGY	2	2	74.27	37.14	.000	37.14
ROOM USE	6	11	488.25	44.39	.000	81.38
CROSSOVERS/ALL OTH OUTPTNT	5	11	323.13	29.38	.000	64.63

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FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

25,426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,383	17,747	\$ 1,642,117.08	\$ 92.53	.698	\$ 485.40	\$
COMM HOSP INPATIENT TOTAL	168	670	1,070,594.65	1597.90	.026	6372.59	
HSC HOSPITALS	14	90	131,116.50	1456.85	.004	9365.46	
NON-HSC HOSPITALS TOTAL	153	580	938,907.27	1618.81	.023	6136.65	
ACCOMMODATIONS	153	580	466,377.54	804.10	.023	3048.22	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	153	580	466,377.54	804.10	.023	3048.22	
ANCILLARIES	153	0	472,529.73	.00	.000	3088.43	
INPATIENT CROSSOVERS	2	0	570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,313	17,077	571,522.43	33.47	.672	172.51	
MEDICAL	1,619	2,297	135,730.34	59.09	.090	83.84	
SURGERY	306	394	22,559.35	57.26	.015	73.72	
PATHOLOGY	1,366	4,957	61,263.62	12.36	.195	44.85	
RADIOLOGY	1,219	1,652	110,465.82	66.87	.065	90.62	
ROOM USE	1,932	2,930	110,444.27	37.69	.115	57.17	
CROSSOVERS/ALL OTH OUTPTNT	1,529	4,847	131,059.03	27.04	.191	85.72	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	1	12	\$ 1,521.60	\$ 126.80	.000	\$ 1521.60	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	1	12	1,521.60	126.80	.000	1521.60	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	9	31	\$ 811.59	\$ 26.18	.001	\$ 90.18	\$
HOSPITAL BASED	9	31	811.59	26.18	.001	90.18	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	1,137	3,033	\$ 48,597.92	\$ 16.02	.119	\$ 42.74	\$
PATHOLOGY	1,137	3,033	48,597.92	16.02	.119	42.74	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	5,745	7,966	\$ 917,371.60	\$ 115.16	.313	\$ 159.68	\$
CLINIC	35	136	5,730.31	42.13	.005	163.72	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	5,716	7,830	911,641.29	116.43	.308	159.49	



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FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

25,426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	871	10,451	\$ 146,901.03	\$ 14.06	.411	\$ 168.66	\$
DURABLE MED. EQUIP.	16	26	2,989.85	114.99	.001	186.87	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	152	5,041	95,734.57	18.99	.198	629.83	
AMBULANCES/AIR TRANS	149	4,978	68,551.02	13.77	.196	460.07	
OTHER TRANS	1	3	33.11	11.04	.000	33.11	
OTHER SERVICES	54	60	27,150.44	452.51	.002	502.79	
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.002	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	19	1,486.31	78.23	.001	743.16	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	284	633	5,543.34	8.76	.025	19.52	
PHYSICAL THERAPIST	106	790	12,297.36	15.57	.031	116.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	6	14	2,456.76	175.48	.001	409.46	
PROSTHETICS	6	14	2,456.76	175.48	.001	409.46	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	19	50	2,315.49	46.31	.002	121.87	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	201	1,401	15,516.20	11.08	.055	77.20	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	55	2,428	3,503.77	1.44	.095	63.70	
@CALIF. CHILDREN SERVICES*	41	837	\$ 195,281.70	\$ 233.31	.033	\$ 4762.97	\$
@XOVER EXCLUDING STATE HOSP**	63	1,085	\$ 3,061.25	\$ 2.82	.043	\$ 48.59	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

30,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	18,730	142,702	\$ 8,303,672.61	\$ 58.19	4.719	\$ 443.34	\$
@PHYSICIANS SERVICES	3,107	7,537	\$ 297,734.22	\$ 39.50	.249	\$ 95.83	\$
OUTPATIENT VISITS	579	731	29,136.60	39.86	.024	50.32	
OFFICE VISITS	466	550	20,940.50	38.07	.018	44.94	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	85	97	5,413.52	55.81	.003	63.69	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.002	119.74	
OTHER OUTPATIENT	14	14	507.51	36.25	.000	36.25	
INPATIENT VISITS	87	456	38,274.93	83.94	.015	439.94	

HOSPITAL VISITS	67	186		8,611.12	46.30	.006	128.52	
CRITICAL CARE	21	267		29,524.21	110.58	.009	1405.91	
SNF/ICF/TRANS IP CARE	3	3		139.60	46.53	.000	46.53	
OPHTHALMOLOGICAL SERVICES	35	44		1,556.46	35.37	.001	44.47	
EXAMINATIONS	35	44		1,556.46	35.37	.001	44.47	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	73	332		33,353.20	100.46	.011	456.89	
PRINCIPAL SURGEON	53	58		27,575.02	475.43	.002	520.28	
ASSISTANT SURGEON	4	4		598.60	149.65	.000	149.65	
ANESTHESIOLOGIST	20	270		5,179.58	19.18	.009	258.98	
OUTPATIENT SURGERY	188	511		46,838.46	91.66	.017	249.14	
PRINCIPAL SURGEON	180	230		44,479.69	193.39	.008	247.11	
ASSISTANT SURGEON	2	2		223.38	111.69	.000	111.69	
ANESTHESIOLOGIST	11	279		2,135.39	7.65	.009	194.13	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	164	404		5,651.64	13.99	.013	34.46	
RADIOLOGY	1,658	2,496		61,442.86	24.62	.083	37.06	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	38	609		34,827.15	57.19	.020	916.50	
OTHER SERVICES/ALL X-OVERS	832	1,954		46,652.92	23.88	.065	56.07	
@PHARMACY	9,971	61,357	\$	2,511,374.58	\$ 40.93	2.029	\$ 251.87	\$
PRESCRIPTION DRUGS	9,829	33,148		2,471,018.90	74.55	1.096	251.40	
SNF/ICF	585	4,637		319,338.40	68.87	.153	545.88	
OUTPATIENTS	9,247	28,511		2,151,680.50	75.47	.943	232.69	
MEDICAL SUPPLIES	441	28,209		40,355.68	1.43	.933	91.51	
@DENTIST	214	1,171	\$	53,906.00	\$ 46.03	.039	\$ 251.90	\$
VISITS - DIAGNOSTIC	164	572		8,907.00	15.57	.019	54.31	
ORAL SURGERY	56	329		21,470.00	65.26	.011	383.39	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	24	25		2,500.00	100.00	.001	104.17	
PERIODONTICS	2	2		173.00	86.50	.000	86.50	
ENDODONTICS	10	16		1,273.00	79.56	.001	127.30	
RESTORATIVE DENTISTRY	46	161		7,568.00	47.01	.005	164.52	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	28	41		10,555.00	257.44	.001	376.96	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	

MAXILLOFACIAL SERVICES	5	5	250.00	50.00	.000	50.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	8	10	1,135.00	113.50	.000	141.88
ALL OTHER SERVICES	12	10	75.00	7.50	.000	6.25

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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

30,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER      C PER ELIG      USER      E
@OPTOMETRIST	512	1,438	\$ 27,704.28	\$ 19.27	.048 \$ 54.11 \$
DIAGNOSTIC AND ANC. PROCED	337	534	13,618.47	25.50	.018 40.41
EYE APPLIANCES	323	897	13,972.61	15.58	.030 43.26
OTHER OPTOMETRIC SERVICES	5	7	113.20	16.17	.000 22.64
@CHIROPRACTOR	178	264	\$ 4,400.41	\$ 16.67	.009 \$ 24.72 \$
VISITS	168	248	4,146.56	16.72	.008 24.68
OTHER SERVICES	10	16	253.85	15.87	.001 25.39
@PODIATRIST	133	238	\$ 4,977.01	\$ 20.91	.008 \$ 37.42 \$
MEDICINE/INJECTIONS	66	92	2,900.90	31.53	.003 43.95
SURGERY/ANES.	3	3	377.14	125.71	.000 125.71
RADIO./PATHOLOGY	8	11	188.59	17.14	.000 23.57
OTHER	65	132	1,510.38	11.44	.004 23.24
@HOME HEALTH AGENCY	13	241	\$ 15,999.23	\$ 66.39	.008 \$ 1230.71 \$
NURSE ANESTHESIST	135	703	\$ 13,959.75	\$ 19.86	.023 \$ 103.41 \$
NURSE MIDWIFE	62	138	\$ 25,026.42	\$ 181.35	.005 \$ 403.65 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$
FAMILY NURSE PRACTITIONER	1	4	\$ 29.36	\$ 7.34	.000 \$ 29.36 \$
@TOTAL HOSPITAL	3,984	20,250	\$ 2,308,149.24	\$ 113.98	.670 \$ 579.35 \$
HOSP INPATIENT TOTAL	304	861	1,664,810.63	1933.58	.028 5476.35
HSC HOSPITALS	15	91	132,146.50	1452.16	.003 8809.77
NON-HSC HOSPITAL TOTAL	179	770	1,463,942.58	1901.22	.025 8178.45
ACCOMMODATIONS	179	770	674,045.43	875.38	.025 3765.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	179	770	674,045.43	875.38	.025 3765.62
ANCILLARIES	179	0	789,897.15	.00	.000 4412.83
INPATIENT CROSSOVERS	111	0	68,721.55	.00	.000 619.11
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00
HOSP OUTPATIENT TOTAL	3,839	19,389	643,338.61	33.18	.641 167.58
MEDICAL	1,716	2,524	149,611.55	59.28	.083 87.19
SURGERY	327	422	24,063.36	57.02	.014 73.59
PATHOLOGY	1,464	5,466	67,679.01	12.38	.181 46.23
RADIOLOGY	1,312	1,850	130,660.13	70.63	.061 99.59
ROOM USE	2,014	3,081	116,585.99	37.84	.102 57.89
CROSSOVERS/ALL OTH OUTPTNT	1,934	6,046	154,738.57	25.59	.200 80.01
@COUNTY HOSPITAL TOTAL	11	50	\$ 1,552.53	\$ 31.05	.002 \$ 141.14 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00
ANCILLARIES	0	0	.00	.00	.000 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	11	50	1,552.53	31.05	.002	141.14
MEDICAL	4	5	288.46	57.69	.000	72.12
SURGERY	1	3	61.68	20.56	.000	61.68
PATHOLOGY	5	15	300.64	20.04	.000	60.13
RADIOLOGY	2	2	74.27	37.14	.000	37.14
ROOM USE	6	11	488.25	44.39	.000	81.38
CROSSOVERS/ALL OTH OUTPTNT	6	14	339.23	24.23	.000	56.54

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

30,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,973	20,200	\$ 2,306,596.71	\$ 114.19	.668	\$ 580.57	\$
COMM HOSP INPATIENT TOTAL	304	861	1,664,810.63	1933.58	.028	5476.35	
HSC HOSPITALS	15	91	132,146.50	1452.16	.003	8809.77	
NON-HSC HOSPITALS TOTAL	179	770	1,463,942.58	1901.22	.025	8178.45	
ACCOMMODATIONS	179	770	674,045.43	875.38	.025	3765.62	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	179	770	674,045.43	875.38	.025	3765.62	
ANCILLARIES	179	0	789,897.15	.00	.000	4412.83	
INPATIENT CROSSOVERS	111	0	68,721.55	.00	.000	619.11	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,828	19,339	641,786.08	33.19	.640	167.66	
MEDICAL	1,712	2,519	149,323.09	59.28	.083	87.22	
SURGERY	326	419	24,001.68	57.28	.014	73.62	
PATHOLOGY	1,459	5,451	67,378.37	12.36	.180	46.18	
RADIOLOGY	1,310	1,848	130,585.86	70.66	.061	99.68	
ROOM USE	2,008	3,070	116,097.74	37.82	.102	57.82	
CROSSOVERS/ALL OTH OUTPTNT	1,928	6,032	154,399.34	25.60	.199	80.08	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	589	14,674	\$ 1,736,574.45	\$ 118.34	.485	\$ 2948.34	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	589	14,674	1,736,574.45	118.34	.485	2948.34	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	10	37	\$ 936.72	\$ 25.32	.001	\$ 93.67	\$
HOSPITAL BASED	10	37	936.72	25.32	.001	93.67	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	1,195	3,238	\$ 52,085.33	\$ 16.09	.107	\$ 43.59	\$
PATHOLOGY	1,194	3,237	52,076.83	16.09	.107	43.62	
XO AND OTHERS	1	1	8.50	8.50	.000	8.50	

@ORGANIZED OUTPATIENT CLINIC	6,657	9,587	\$	1,023,737.55	\$	106.78	.317	\$	153.78	\$
CLINIC	39	146		6,115.53		41.89	.005		156.81	
SURGICENTER	1	1		205.06		205.06	.000		205.06	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	6,623	9,440		1,017,416.96		107.78	.312		153.62	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	30,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	1,508	21,825	\$	227,078.06	\$ 10.40	.722	\$ 150.58	\$
DURABLE MED. EQUIP.	50	726		23,742.43	32.70	.024	474.85	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	207	7,125		110,974.03	15.58	.236	536.11	
AMBULANCES/AIR TRANS	178	5,438		75,636.35	13.91	.180	424.92	
OTHER TRANS	25	1,608		2,952.66	1.84	.053	118.11	
OTHER SERVICES	67	79		32,385.02	409.94	.003	483.36	
ACUPUNCTURE	1	1		17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	48	48		5,040.00	105.00	.002	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	19		1,486.31	78.23	.001	743.16	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	440	1,046		9,652.11	9.23	.035	21.94	
PHYSICAL THERAPIST	113	847		13,168.73	15.55	.028	116.54	
PORTABLE X-RAY	1	2		.16	.08	.000	.16	
PROSTHETIST/ORTHOTISTS	7	34		6,315.24	185.74	.001	902.18	
PROSTHETICS	7	34		6,315.24	185.74	.001	902.18	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	24	58		4,018.23	69.28	.002	167.43	
HOSPICE SERVICES	1	8		1,153.36	144.17	.000	1153.36	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	227	2,596		23,384.14	9.01	.086	103.01	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	426	9,315		28,125.94	3.02	.308	66.02	
@CALIF. CHILDREN SERVICES*	44	867	\$	200,121.58	\$ 230.82	.029	\$ 4548.22	\$
@XOVER EXCLUDING STATE HOSP**	1,363	16,069	\$	202,884.55	\$ 12.63	.531	\$ 148.85	\$

\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	2,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,439	6,810	\$	430,034.90	\$ 63.15	2.364	\$ 298.84	\$
@PHYSICIANS SERVICES	229	428	\$	17,734.71	\$ 41.44	.149	\$ 77.44	\$
OUTPATIENT VISITS	87	113		4,480.27	39.65	.039	51.50	
OFFICE VISITS	56	71		2,395.30	33.74	.025	42.77	
HOME VISITS	0	0		.00	.00	.000	.00	

EMERGENCY ROOM	21	29		1,672.40	57.67	.010	79.64	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	2	4		113.58	28.40	.001	56.79	
OTHER OUTPATIENT	9	9		298.99	33.22	.003	33.22	
INPATIENT VISITS	8	35		3,127.36	89.35	.012	390.92	
HOSPITAL VISITS	6	22		1,452.96	66.04	.008	242.16	
CRITICAL CARE	2	13		1,674.40	128.80	.005	837.20	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	2		76.86	38.43	.001	38.43	
EXAMINATIONS	2	2		76.86	38.43	.001	38.43	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	6		760.38	126.73	.002	253.46	
PRINCIPAL SURGEON	2	2		713.37	356.69	.001	356.69	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4		47.01	11.75	.001	47.01	
OUTPATIENT SURGERY	14	35		2,196.16	62.75	.012	156.87	
PRINCIPAL SURGEON	10	13		1,099.31	84.56	.005	109.93	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	4	22		1,096.85	49.86	.008	274.21	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	7	7		214.68	30.67	.002	30.67	
RADIOLOGY	132	173		4,614.46	26.67	.060	34.96	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	3		15.00	5.00	.001	7.50	
OTHER SERVICES/ALL X-OVERS	23	54		2,249.54	41.66	.019	97.81	
@PHARMACY	631	1,463	\$	114,068.38	77.97	.508	180.77	\$
PRESCRIPTION DRUGS	626	1,395		109,003.07	78.14	.484	174.13	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	626	1,395		109,003.07	78.14	.484	174.13	
MEDICAL SUPPLIES	22	68		5,065.31	74.49	.024	230.24	
@DENTIST	23	93	\$	3,685.00	39.62	.032	160.22	\$
VISITS - DIAGNOSTIC	16	61		1,051.00	17.23	.021	65.69	
ORAL SURGERY	8	21		1,966.00	93.62	.007	245.75	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	4	4		400.00	100.00	.001	100.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	3	3		43.00	14.33	.001	14.33	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.001	150.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	2	2		75.00	37.50	.001	37.50	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							
						----- MONTHLY AVERAGE -		
2,881 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	33	82	\$	1,538.35	\$ 18.76	.028	\$ 46.62	\$
DIAGNOSTIC AND ANC. PROCED	18	28		724.89	25.89	.010	40.27	
EYE APPLIANCES	21	54		813.46	15.06	.019	38.74	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	7	\$	479.29	\$	68.47	.002	\$	479.29	\$
NURSE ANESTHESIST	8	33	\$	695.15	\$	21.07	.011	\$	86.89	\$
NURSE MIDWIFE	12	25	\$	4,405.13	\$	176.21	.009	\$	367.09	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	412	2,235	\$	169,864.33	\$	76.00	.776	\$	412.29	\$
HOSP INPATIENT TOTAL	24	84		103,741.85		1235.02	.029		4322.58	
HSC HOSPITALS	4	12		22,076.00		1839.67	.004		5519.00	
NON-HSC HOSPITAL TOTAL	20	72		81,665.85		1134.25	.025		4083.29	
ACCOMMODATIONS	20	72		44,910.51		623.76	.025		2245.53	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	20	72		44,910.51		623.76	.025		2245.53	
ANCILLARIES	20	0		36,755.34		.00	.000		1837.77	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	403	2,151		66,122.48		30.74	.747		164.08	
MEDICAL	184	235		14,367.88		61.14	.082		78.09	
SURGERY	39	54		2,975.67		55.11	.019		76.30	
PATHOLOGY	186	742		9,483.08		12.78	.258		50.98	
RADIOLOGY	113	146		9,306.80		63.75	.051		82.36	
ROOM USE	261	369		13,219.08		35.82	.128		50.65	
CROSSOVERS/ALL OTH OUTPTNT	186	605		16,769.97		27.72	.210		90.16	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	2,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	412	2,235	\$	169,864.33	\$ 76.00	.776	\$ 412.29	\$
COMM HOSP INPATIENT TOTAL	24	84		103,741.85	1235.02	.029	4322.58	
HSC HOSPITALS	4	12		22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITALS TOTAL	20	72		81,665.85	1134.25	.025	4083.29	
ACCOMMODATIONS	20	72		44,910.51	623.76	.025	2245.53	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	20	72		44,910.51	623.76	.025	2245.53	
ANCILLARIES	20	0		36,755.34	.00	.000	1837.77	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	403	2,151		66,122.48	30.74	.747	164.08	
MEDICAL	184	235		14,367.88	61.14	.082	78.09	
SURGERY	39	54		2,975.67	55.11	.019	76.30	
PATHOLOGY	186	742		9,483.08	12.78	.258	50.98	
RADIOLOGY	113	146		9,306.80	63.75	.051	82.36	
ROOM USE	261	369		13,219.08	35.82	.128	50.65	
CROSSOVERS/ALL OTH OUTPTNT	186	605		16,769.97	27.72	.210	90.16	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	1	3	\$	63.57	\$ 21.19	.001	\$ 63.57	\$



HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	1	3		63.57		21.19	.001	63.57	
@LABORATORY FACILITY	91	208	\$	4,186.65	\$	20.13	.072	\$ 46.01	\$
PATHOLOGY	91	208		4,186.65		20.13	.072	46.01	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	593	811	\$	91,658.97	\$	113.02	.281	\$ 154.57	\$
CLINIC	8	29		1,165.09		40.18	.010	145.64	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	586	782		90,493.88		115.72	.271	154.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

	2,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	85	1,422	\$	21,655.37	\$ 15.23	.494	\$ 254.77	\$
DURABLE MED. EQUIP.	1	2		57.56	28.78	.001	57.56	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	23	637		14,045.76	22.05	.221	610.69	
AMBULANCES/AIR TRANS	22	626		10,141.72	16.20	.217	460.99	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	11	11		3,904.04	354.91	.004	354.91	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	10	10		1,050.00	105.00	.003	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	19	40		347.28	8.68	.014	18.28	
PHYSICAL THERAPIST	1	25		234.92	9.40	.009	234.92	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6		894.98	149.16	.002	894.98	
PROSTHETICS	1	6		894.98	149.16	.002	894.98	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6	39		1,304.75	33.46	.014	217.46	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	25	648		3,239.15	5.00	.225	129.57	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	5	15		480.97	32.06	.005	96.19	
@CALIF. CHILDREN SERVICES*	32	447	\$	49,377.00	\$ 110.46	.155	\$ 1543.03	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								

	13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
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@TOTAL, ALL PROVIDERS	28	83	\$	3,235.35	\$	38.98	6.385	\$	115.55	\$	
@PHYSICIANS SERVICES	6	11	\$	212.04	\$	19.28	.846	\$	35.34	\$	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		
OFFICE VISITS	0	0		.00		.00	.000		.00		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		
INPATIENT VISITS	0	0		.00		.00	.000		.00		
HOSPITAL VISITS	0	0		.00		.00	.000		.00		
CRITICAL CARE	0	0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
DIALYSIS	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	6	11		212.04		19.28	.846		35.34		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		
@PHARMACY	1	3	\$	34.92	\$	11.64	.231	\$	34.92	\$	
PRESCRIPTION DRUGS	1	3		34.92		11.64	.231		34.92		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	1	3		34.92		11.64	.231		34.92		
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		
@DENTIST	1	5	\$	562.00	\$	112.40	.385	\$	562.00	\$	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		
ORAL SURGERY	1	4		562.00		140.50	.308		562.00		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	1	1		.00		.00	.077		.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC										
	AID CODE 83										
	----- MONTHLY AVERAGE -										
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			C	

		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG		USER	F
@OPTOMETRIST	1	5	\$	61.30	\$	12.26	.385	\$	61.30	\$
DIAGNOSTIC AND ANC. PROCED	1	2		32.21		16.11	.154		32.21	
EYE APPLIANCES	1	3		29.09		9.70	.231		29.09	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	16	54	\$	1,866.45	\$	34.56	4.154	\$	116.65	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	16	54		1,866.45		34.56	4.154		116.65	
MEDICAL	9	13		811.77		62.44	1.000		90.20	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	15		101.40		6.76	1.154		33.80	
RADIOLOGY	8	10		600.71		60.07	.769		75.09	
ROOM USE	9	9		276.07		30.67	.692		30.67	
CROSSOVERS/ALL OTH OUTPTNT	5	7		76.50		10.93	.538		15.30	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E	
@COMMUNITY HOSPITAL TOTAL	16	54	\$ 1,866.45	\$ 34.56	4.154	\$ 116.65	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	16	54	1,866.45	34.56	4.154	116.65	
MEDICAL	9	13	811.77	62.44	1.000	90.20	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	15	101.40	6.76	1.154	33.80	
RADIOLOGY	8	10	600.71	60.07	.769	75.09	
ROOM USE	9	9	276.07	30.67	.692	30.67	
CROSSOVERS/ALL OTH OUTPTNT	5	7	76.50	10.93	.538	15.30	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	196.10	\$	98.05	\$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	2	2		196.10	98.05	.154	98.05
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA							
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR      MIC - SOC      AID CODE 83						

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	2	3	\$ 302.54	\$ 100.85	.231	\$ 151.27	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	16.64	8.32	.154	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	1	285.90	285.90	.077	285.90	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,894 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@TOTAL, ALL PROVIDERS	1,467	6,893	\$	433,270.25	\$ 62.86	2.382 \$ 295.34	\$
@PHYSICIANS SERVICES	235	439	\$	17,946.75	\$ 40.88	.152 \$ 76.37	\$
OUTPATIENT VISITS	87	113		4,480.27	39.65	.039	51.50
OFFICE VISITS	56	71		2,395.30	33.74	.025	42.77
HOME VISITS	0	0		.00	.00	.000	.00
EMERGENCY ROOM	21	29		1,672.40	57.67	.010	79.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00
OB VISITS/COMPRE PERI	2	4		113.58	28.40	.001	56.79
OTHER OUTPATIENT	9	9		298.99	33.22	.003	33.22
INPATIENT VISITS	8	35		3,127.36	89.35	.012	390.92
HOSPITAL VISITS	6	22		1,452.96	66.04	.008	242.16
CRITICAL CARE	2	13		1,674.40	128.80	.004	837.20
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	2	2		76.86	38.43	.001	38.43
EXAMINATIONS	2	2		76.86	38.43	.001	38.43
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	3	6		760.38	126.73	.002	253.46
PRINCIPAL SURGEON	2	2		713.37	356.69	.001	356.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	1	4		47.01	11.75	.001	47.01
OUTPATIENT SURGERY	14	35		2,196.16	62.75	.012	156.87
PRINCIPAL SURGEON	10	13		1,099.31	84.56	.004	109.93
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	4	22		1,096.85	49.86	.008	274.21
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	7	7		214.68	30.67	.002	30.67
RADIOLOGY	138	184		4,826.50	26.23	.064	34.97
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	2	3		15.00	5.00	.001	7.50
OTHER SERVICES/ALL X-OVERS	23	54		2,249.54	41.66	.019	97.81
@PHARMACY	632	1,466	\$	114,103.30	\$ 77.83	.507 \$ 180.54	\$
PRESCRIPTION DRUGS	627	1,398		109,037.99	78.00	.483	173.90
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	627	1,398		109,037.99	78.00	.483	173.90
MEDICAL SUPPLIES	22	68		5,065.31	74.49	.023	230.24
@DENTIST	24	98	\$	4,247.00	\$ 43.34	.034 \$ 176.96	\$
VISITS - DIAGNOSTIC	16	61		1,051.00	17.23	.021	65.69
ORAL SURGERY	9	25		2,528.00	101.12	.009	280.89
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	5	5		400.00	80.00	.002	80.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	3	3		43.00	14.33	.001	14.33
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.001	150.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	2	2		75.00	37.50	.001	37.50

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

2,894 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	34	87	\$ 1,599.65	\$ 18.39	.030	\$ 47.05	\$
DIAGNOSTIC AND ANC. PROCED	19	30	757.10	25.24	.010	39.85	
EYE APPLIANCES	22	57	842.55	14.78	.020	38.30	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	1	7	\$ 479.29	\$ 68.47	.002	\$ 479.29	\$
NURSE ANESTHESIST	8	33	695.15	21.07	.011	86.89	\$
NURSE MIDWIFE	12	25	\$ 4,405.13	\$ 176.21	.009	\$ 367.09	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	428	2,289	\$ 171,730.78	\$ 75.02	.791	\$ 401.24	\$
HOSP INPATIENT TOTAL	24	84	103,741.85	1235.02	.029	4322.58	
HSC HOSPITALS	4	12	22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITAL TOTAL	20	72	81,665.85	1134.25	.025	4083.29	
ACCOMMODATIONS	20	72	44,910.51	623.76	.025	2245.53	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	20	72	44,910.51	623.76	.025	2245.53	
ANCILLARIES	20	0	36,755.34	.00	.000	1837.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	419	2,205	67,988.93	30.83	.762	162.26	
MEDICAL	193	248	15,179.65	61.21	.086	78.65	
SURGERY	39	54	2,975.67	55.11	.019	76.30	
PATHOLOGY	189	757	9,584.48	12.66	.262	50.71	
RADIOLOGY	121	156	9,907.51	63.51	.054	81.88	
ROOM USE	270	378	13,495.15	35.70	.131	49.98	
CROSSOVERS/ALL OTH OUTPTNT	191	612	16,846.47	27.53	.211	88.20	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,894 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	428		2,289	\$ 171,730.78	\$ 75.02	.791	\$ 401.24	\$
COMM HOSP INPATIENT TOTAL	24		84	103,741.85	1235.02	.029	4322.58	
HSC HOSPITALS	4		12	22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITALS TOTAL	20		72	81,665.85	1134.25	.025	4083.29	
ACCOMMODATIONS	20		72	44,910.51	623.76	.025	2245.53	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	
ALL OTHER ACCOM	20		72	44,910.51	623.76	.025	2245.53	
ANCILLARIES	20		0	36,755.34	.00	.000	1837.77	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	419		2,205	67,988.93	30.83	.762	162.26	
MEDICAL	193		248	15,179.65	61.21	.086	78.65	
SURGERY	39		54	2,975.67	55.11	.019	76.30	
PATHOLOGY	189		757	9,584.48	12.66	.262	50.71	
RADIOLOGY	121		156	9,907.51	63.51	.054	81.88	
ROOM USE	270		378	13,495.15	35.70	.131	49.98	
CROSSOVERS/ALL OTH OUTPTNT	191		612	16,846.47	27.53	.211	88.20	
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0		0	.00	.00	.000	.00	
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	
LEV B-REHAB MD	0		0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	
LEV B-REGULAR	0		0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0		0	.00	.00	.000	.00	
ICF DD	0		0	.00	.00	.000	.00	
ICF DDN/DDCN	0		0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0		0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1		3	\$ 63.57	\$ 21.19	.001	\$ 63.57	\$
HOSPITAL BASED	0		0	.00	.00	.000	.00	
INDEPENDENT FACILITY	1		3	63.57	21.19	.001	63.57	
@LABORATORY FACILITY	91		208	\$ 4,186.65	\$ 20.13	.072	\$ 46.01	\$
PATHOLOGY	91		208	4,186.65	20.13	.072	46.01	
XO AND OTHERS	0		0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	595		813	\$ 91,855.07	\$ 112.98	.281	\$ 154.38	\$
CLINIC	8		29	1,165.09	40.18	.010	145.64	
SURGICENTER	0		0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0		0	.00	.00	.000	.00	



RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 DEL NORTE COUNTY

588 784 90,689.98 115.68 .271 154.23  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,894 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	87	1,425	\$	21,957.91	\$ 15.41	.492	\$ 252.39	\$
DURABLE MED. EQUIP.	1	2		57.56	28.78	.001	57.56	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	23	637		14,045.76	22.05	.220	610.69	
AMBULANCES/AIR TRANS	22	626		10,141.72	16.20	.216	460.99	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	11	11		3,904.04	354.91	.004	354.91	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	10	10		1,050.00	105.00	.003	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	20	42		363.92	8.66	.015	18.20	
PHYSICAL THERAPIST	1	25		234.92	9.40	.009	234.92	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6		894.98	149.16	.002	894.98	
PROSTHETICS	1	6		894.98	149.16	.002	894.98	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6	39		1,304.75	33.46	.013	217.46	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	25	648		3,239.15	5.00	.224	129.57	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	6	16		766.87	47.93	.006	127.81	
@CALIF. CHILDREN SERVICES*	32	447	\$	49,377.00	\$ 110.46	.154	\$ 1543.03	\$

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 MOP024 FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	

SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA	
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	

XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	265	1,875	\$	112,619.90	\$ 60.06	9.058	\$ 424.98	\$
@PHYSICIANS SERVICES	62	77	\$	3,992.00	\$ 51.84	.372	\$ 64.39	\$
OUTPATIENT VISITS	4	4		217.26	54.32	.019	54.32	
OFFICE VISITS	2	2		137.88	68.94	.010	68.94	

HOME VISITS	0	0		.00	.00	.000	.00
EMERGENCY ROOM	1	1		24.38	24.38	.005	24.38
PREVENTIVE CARE	0	0		.00	.00	.000	.00
OB VISITS/COMPRE PERI	1	1		55.00	55.00	.005	55.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00
INPATIENT VISITS	3	8		775.86	96.98	.039	258.62
HOSPITAL VISITS	2	2		130.02	65.01	.010	65.01
CRITICAL CARE	1	6		645.84	107.64	.029	645.84
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00
EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	2	2		1,089.44	544.72	.010	544.72
PRINCIPAL SURGEON	2	2		1,089.44	544.72	.010	544.72
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	1	1		58.24	58.24	.005	58.24
PRINCIPAL SURGEON	1	1		58.24	58.24	.005	58.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	1	1		48.20	48.20	.005	48.20
RADIOLOGY	54	59		1,699.62	28.81	.285	31.47
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	2	2		103.38	51.69	.010	51.69
@PHARMACY	59	127	\$	4,972.86	\$ 39.16	.614	\$ 84.29
PRESCRIPTION DRUGS	58	118		4,452.30	37.73	.570	76.76
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	58	118		4,452.30	37.73	.570	76.76
MEDICAL SUPPLIES	3	9		520.56	57.84	.043	173.52
@DENTIST	2	13	\$	1,105.00	\$ 85.00	.063	\$ 552.50
VISITS - DIAGNOSTIC	2	4		135.00	33.75	.019	67.50
ORAL SURGERY	2	8		870.00	108.75	.039	435.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	1	1		100.00	100.00	.005	100.00

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA						
MOP024      FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MIA - NO SOC - PREGNANT      AID CODE 86						
207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E
@OPTOMETRIST	5	14      \$	262.89	\$ 18.78	.068      \$ 52.58	\$
DIAGNOSTIC AND ANC. PROCED	3	5	134.34	26.87	.024      44.78	
EYE APPLIANCES	3	9	128.55	14.28	.043      42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000      .00	
@CHIROPRACTOR	7	9      \$	150.48	\$ 16.72	.043      \$ 21.50	\$
VISITS	7	9	150.48	16.72	.043      21.50	
OTHER SERVICES	0	0	.00	.00	.000      .00	
@PODIATRIST	0	0      \$	.00	\$ .00	.000      \$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000      .00	
SURGERY/ANES.	0	0	.00	.00	.000      .00	
RADIO./PATHOLOGY	0	0	.00	.00	.000      .00	
OTHER	0	0	.00	.00	.000      .00	
@HOME HEALTH AGENCY	0	0      \$	.00	\$ .00	.000      \$ .00	\$
NURSE ANESTHESIST	10	55      \$	1,213.73	\$ 22.07	.266      \$ 121.37	\$
NURSE MIDWIFE	8	18      \$	1,807.91	\$ 100.44	.087      \$ 225.99	\$
PEDIATRIC NURSE PRACTITIONER	0	0      \$	.00	\$ .00	.000      \$ .00	\$
FAMILY NURSE PRACTITIONER	0	0      \$	.00	\$ .00	.000      \$ .00	\$
@TOTAL HOSPITAL	161	1,359      \$	78,626.99	\$ 57.86	6.565      \$ 488.37	\$
HOSP INPATIENT TOTAL	10	31	38,983.68	1257.54	.150      3898.37	
HSC HOSPITALS	0	0	.00	.00	.000      .00	
NON-HSC HOSPITAL TOTAL	10	31	38,983.68	1257.54	.150      3898.37	
ACCOMMODATIONS	10	31	20,673.15	666.88	.150      2067.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000      .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00	
ALL OTHER ACCOM	10	31	20,673.15	666.88	.150      2067.32	
ANCILLARIES	10	0	18,310.53	.00	.000      1831.05	
INPATIENT CROSSOVERS	0	0	.00	.00	.000      .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000      .00	
HOSP OUTPATIENT TOTAL	160	1,328	39,643.31	29.85	6.415      247.77	
MEDICAL	29	43	2,748.46	63.92	.208      94.77	
SURGERY	8	10	706.57	70.66	.048      88.32	
PATHOLOGY	78	362	5,250.65	14.50	1.749      67.32	
RADIOLOGY	47	51	2,975.64	58.35	.246      63.31	
ROOM USE	114	193	6,755.90	35.00	.932      59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669	21,206.09	31.70	3.232      196.35	
@COUNTY HOSPITAL TOTAL	0	0      \$	.00	\$ .00	.000      \$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000      .00	
HSC HOSPITALS	0	0	.00	.00	.000      .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000      .00	

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86							
@COMMUNITY HOSPITAL TOTAL	161	1,359	\$ 78,626.99	\$ 57.86	6.565	\$ 488.37	\$
COMM HOSP INPATIENT TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
ACCOMMODATIONS	10	31	20,673.15	666.88	.150	2067.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	10	31	20,673.15	666.88	.150	2067.32	
ANCILLARIES	10	0	18,310.53	.00	.000	1831.05	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	160	1,328	39,643.31	29.85	6.415	247.77	
MEDICAL	29	43	2,748.46	63.92	.208	94.77	
SURGERY	8	10	706.57	70.66	.048	88.32	
PATHOLOGY	78	362	5,250.65	14.50	1.749	67.32	
RADIOLOGY	47	51	2,975.64	58.35	.246	63.31	
ROOM USE	114	193	6,755.90	35.00	.932	59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669	21,206.09	31.70	3.232	196.35	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	



@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	38	61	\$	1,177.71	\$	19.31	.295	\$	30.99	\$
PATHOLOGY	38	61		1,177.71		19.31	.295		30.99	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	54	111	\$	16,279.75	\$	146.66	.536	\$	301.48	\$
CLINIC	1	11		409.70		37.25	.053		409.70	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	100		15,870.05		158.70	.483		299.43	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@ALL OTHER PROVIDERS	19	31	\$ 3,030.58	\$ 97.76	.150	\$ 159.50	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8	1,414.50	176.81	.039	707.25	
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.034	139.50	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.063	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.029	16.64	
PHYSICAL THERAPIST	1	3	62.89	20.96	.014	62.89	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	1	1	138.27	138.27	.005	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	2	\$ 1,244.68	\$ 622.34	.010	\$ 622.34	\$
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

207 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	MONTHLY AVERAGE - C
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@TOTAL, ALL PROVIDERS	265	1,875	\$	112,619.90	\$ 60.06	9.058	\$ 424.98	\$
@PHYSICIANS SERVICES	62	77	\$	3,992.00	\$ 51.84	.372	\$ 64.39	\$
OUTPATIENT VISITS	4	4		217.26	54.32	.019	54.32	
OFFICE VISITS	2	2		137.88	68.94	.010	68.94	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		24.38	24.38	.005	24.38	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1		55.00	55.00	.005	55.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	3	8		775.86	96.98	.039	258.62	
HOSPITAL VISITS	2	2		130.02	65.01	.010	65.01	
CRITICAL CARE	1	6		645.84	107.64	.029	645.84	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2		1,089.44	544.72	.010	544.72	
PRINCIPAL SURGEON	2	2		1,089.44	544.72	.010	544.72	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1		58.24	58.24	.005	58.24	
PRINCIPAL SURGEON	1	1		58.24	58.24	.005	58.24	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	1		48.20	48.20	.005	48.20	
RADIOLOGY	54	59		1,699.62	28.81	.285	31.47	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2		103.38	51.69	.010	51.69	
@PHARMACY	59	127	\$	4,972.86	\$ 39.16	.614	\$ 84.29	\$
PRESCRIPTION DRUGS	58	118		4,452.30	37.73	.570	76.76	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	58	118		4,452.30	37.73	.570	76.76	
MEDICAL SUPPLIES	3	9		520.56	57.84	.043	173.52	
@DENTIST	2	13	\$	1,105.00	\$ 85.00	.063	\$ 552.50	\$
VISITS - DIAGNOSTIC	2	4		135.00	33.75	.019	67.50	
ORAL SURGERY	2	8		870.00	108.75	.039	435.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	1	1		100.00	100.00	.005	100.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	

@CALIF DEPT OF HEALTH SERV  
 MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	5	14 \$	262.89	\$ 18.78	.068	\$ 52.58	\$
DIAGNOSTIC AND ANC. PROCED	3	5	134.34	26.87	.024	44.78	
EYE APPLIANCES	3	9	128.55	14.28	.043	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	7	9 \$	150.48	\$ 16.72	.043	\$ 21.50	\$
VISITS	7	9	150.48	16.72	.043	21.50	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	10	55 \$	1,213.73	\$ 22.07	.266	\$ 121.37	\$
NURSE MIDWIFE	8	18 \$	1,807.91	\$ 100.44	.087	\$ 225.99	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	161	1,359 \$	78,626.99	\$ 57.86	6.565	\$ 488.37	\$
HOSP INPATIENT TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
ACCOMMODATIONS	10	31	20,673.15	666.88	.150	2067.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	10	31	20,673.15	666.88	.150	2067.32	
ANCILLARIES	10	0	18,310.53	.00	.000	1831.05	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	160	1,328	39,643.31	29.85	6.415	247.77	
MEDICAL	29	43	2,748.46	63.92	.208	94.77	
SURGERY	8	10	706.57	70.66	.048	88.32	
PATHOLOGY	78	362	5,250.65	14.50	1.749	67.32	
RADIOLOGY	47	51	2,975.64	58.35	.246	63.31	
ROOM USE	114	193	6,755.90	35.00	.932	59.26	

CROSSOVERS/ALL OTH OUTPTNT	108	669		21,206.09		31.70	3.232	196.35	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	161	1,359	\$ 78,626.99	\$ 57.86	6.565	\$ 488.37	\$
COMM HOSP INPATIENT TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	10	31	38,983.68	1257.54	.150	3898.37	
ACCOMMODATIONS	10	31	20,673.15	666.88	.150	2067.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	10	31	20,673.15	666.88	.150	2067.32	
ANCILLARIES	10	0	18,310.53	.00	.000	1831.05	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	160	1,328	39,643.31	29.85	6.415	247.77	
MEDICAL	29	43	2,748.46	63.92	.208	94.77	
SURGERY	8	10	706.57	70.66	.048	88.32	
PATHOLOGY	78	362	5,250.65	14.50	1.749	67.32	
RADIOLOGY	47	51	2,975.64	58.35	.246	63.31	
ROOM USE	114	193	6,755.90	35.00	.932	59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669	21,206.09	31.70	3.232	196.35	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	.00	\$
ICF DDH	0	0	.00	.00	.000	.00	

ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	38	61	\$ 1,177.71	\$ 19.31	.295	\$ 30.99
PATHOLOGY	38	61	1,177.71	19.31	.295	30.99
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	54	111	\$ 16,279.75	\$ 146.66	.536	\$ 301.48
CLINIC	1	11	409.70	37.25	.053	409.70
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	53	100	15,870.05	158.70	.483	299.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL					

207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	19	31	\$ 3,030.58	\$ 97.76	.150	\$ 159.50	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8	1,414.50	176.81	.039	707.25	
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.034	139.50	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.063	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.029	16.64	
PHYSICAL THERAPIST	1	3	62.89	20.96	.014	62.89	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	1	1	138.27	138.27	.005	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	2	\$ 1,244.68	\$ 622.34	.010	\$ 622.34	\$
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - SOC - LTC

PA

AID CODE 53

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	5	181	\$ 11,208.37	\$ 61.92	22.625	\$ 2241.67	\$
@PHYSICIANS SERVICES	3	4	\$ 73.36	\$ 18.34	.500	\$ 24.45	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	2	55.00	27.50	.250	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.250	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	2	18.36	9.18	.250	9.18	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	3	25	\$ 2,685.36	\$ 107.41	3.125	\$ 895.12	\$
PRESCRIPTION DRUGS	3	25	2,685.36	107.41	3.125	895.12	
SNF/ICF	3	25	2,685.36	107.41	3.125	895.12	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	

ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC					
				AID CODE 53		
					----- MONTHLY AVERAGE -	
08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	2	3 \$	29.69	\$ 9.90	.375	\$ 14.85
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	2	3	29.69	9.90	.375	14.85
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	2	3	29.69	9.90	.375	14.85
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	2	3	\$ 29.69	\$ 9.90	.375	\$ 14.85	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	2	3	29.69	9.90	.375	14.85	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	3	29.69	9.90	.375	14.85	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	3	65	\$ 8,310.76	\$ 127.86	8.125	\$ 2770.25	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	3	65		8,310.76	127.86	8.125	2770.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@ALL OTHER PROVIDERS	1	84	\$ 109.20	\$ 1.30	10.500	\$ 109.20 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	1	84	109.20	1.30	10.500	109.20
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	1	84	109.20	1.30	10.500	109.20
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00

@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT					AID CODE 87
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E
					PER ELIG      USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00	
HSC HOSPITALS	0	0	.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00	
MEDICAL	0	0	.00	.00	.000 .00	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	0	0	.00	.00	.000 .00	
RADIOLOGY	0	0	.00	.00	.000 .00	
ROOM USE	0	0	.00	.00	.000 .00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	
ICF DDN/DDCN	0	0	.00	.00	.000 .00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
INDEPENDENT FACILITY	0	0	.00	.00	.000 .00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$

PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT					
				AID CODE 87		
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 #CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	5	181	\$ 11,208.37	\$ 61.92	22.625	\$ 2241.67	\$
@PHYSICIANS SERVICES	3	4	\$ 73.36	\$ 18.34	.500	\$ 24.45	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	2	55.00	27.50	.250	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.250	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	2	18.36	9.18	.250	9.18	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	3	25	\$ 2,685.36	\$ 107.41	3.125	\$ 895.12	\$
PRESCRIPTION DRUGS	3	25	2,685.36	107.41	3.125	895.12	
SNF/ICF	3	25	2,685.36	107.41	3.125	895.12	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	

ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS      COST PER	- C E
					PER ELIG      USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	2	3	\$ 29.69	\$ 9.90	.375	\$ 14.85
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	2	3	29.69	9.90	.375	14.85
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	2	3	29.69	9.90	.375	14.85
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	2	3	\$ 29.69	\$ 9.90	.375	\$ 14.85	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	2	3	29.69	9.90	.375	14.85	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	3	29.69	9.90	.375	14.85	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	3	65	\$ 8,310.76	\$ 127.86	8.125	\$ 2770.25	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	3	65	8,310.76	127.86	8.125	2770.25	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	



HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL						

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1	84	\$ 109.20	\$ 1.30	10.500	\$ 109.20	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	84	109.20	1.30	10.500	109.20	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	1	84	109.20	1.30	10.500	109.20	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE						

----- MONTHLY AVERAGE -

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	.00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	.00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	.00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	270	2,056	\$ 123,828.27	\$ 60.23	9.563	\$ 458.62	\$
@PHYSICIANS SERVICES	65	81	\$ 4,065.36	\$ 50.19	.377	\$ 62.54	\$
OUTPATIENT VISITS	4	4	217.26	54.32	.019	54.32	
OFFICE VISITS	2	2	137.88	68.94	.009	68.94	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	24.38	24.38	.005	24.38	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	55.00	55.00	.005	55.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	5	10	830.86	83.09	.047	166.17	
HOSPITAL VISITS	2	2	130.02	65.01	.009	65.01	
CRITICAL CARE	1	6	645.84	107.64	.028	645.84	
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.009	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2	1,089.44	544.72	.009	544.72	
PRINCIPAL SURGEON	2	2	1,089.44	544.72	.009	544.72	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	58.24	58.24	.005	58.24	
PRINCIPAL SURGEON	1	1	58.24	58.24	.005	58.24	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	48.20	48.20	.005	48.20	
RADIOLOGY	56	61	1,717.98	28.16	.284	30.68	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2	103.38	51.69	.009	51.69	
@PHARMACY	62	152	\$ 7,658.22	\$ 50.38	.707	\$ 123.52	\$
PRESCRIPTION DRUGS	61	143	7,137.66	49.91	.665	117.01	
SNF/ICF	3	25	2,685.36	107.41	.116	895.12	
OUTPATIENTS	58	118	4,452.30	37.73	.549	76.76	
MEDICAL SUPPLIES	3	9	520.56	57.84	.042	173.52	
@DENTIST	2	13	\$ 1,105.00	\$ 85.00	.060	\$ 552.50	\$
VISITS - DIAGNOSTIC	2	4	135.00	33.75	.019	67.50	
ORAL SURGERY	2	8	870.00	108.75	.037	435.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	1	1	100.00	100.00	.005	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

	215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@OPTOMETRIST	5	14	\$	262.89	\$ 18.78	.065 \$ 52.58	\$
DIAGNOSTIC AND ANC. PROCED	3	5		134.34	26.87	.023 44.78	
EYE APPLIANCES	3	9		128.55	14.28	.042 42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000 .00	
@CHIROPRACTOR	7	9	\$	150.48	\$ 16.72	.042 \$ 21.50	\$
VISITS	7	9		150.48	16.72	.042 21.50	
OTHER SERVICES	0	0		.00	.00	.000 .00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000 .00	
SURGERY/ANES.	0	0		.00	.00	.000 .00	
RADIO./PATHOLOGY	0	0		.00	.00	.000 .00	
OTHER	0	0		.00	.00	.000 .00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000 \$ .00	\$
NURSE ANESTHESIST	10	55	\$	1,213.73	\$ 22.07	.256 \$ 121.37	\$
NURSE MIDWIFE	8	18	\$	1,807.91	\$ 100.44	.084 \$ 225.99	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$ .00	\$
@TOTAL HOSPITAL	163	1,362	\$	78,656.68	\$ 57.75	6.335 \$ 482.56	\$
HOSP INPATIENT TOTAL	10	31		38,983.68	1257.54	.144 3898.37	
HSC HOSPITALS	0	0		.00	.00	.000 .00	
NON-HSC HOSPITAL TOTAL	10	31		38,983.68	1257.54	.144 3898.37	
ACCOMMODATIONS	10	31		20,673.15	666.88	.144 2067.32	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	
ALL OTHER ACCOM	10	31		20,673.15	666.88	.144 2067.32	
ANCILLARIES	10	0		18,310.53	.00	.000 1831.05	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	

HOSP OUTPATIENT TOTAL	162	1,331		39,673.00	29.81	6.191	244.90
MEDICAL	29	43		2,748.46	63.92	.200	94.77
SURGERY	8	10		706.57	70.66	.047	88.32
PATHOLOGY	80	365		5,280.34	14.47	1.698	66.00
RADIOLOGY	47	51		2,975.64	58.35	.237	63.31
ROOM USE	114	193		6,755.90	35.00	.898	59.26
CROSSOVERS/ALL OTH OUTPTNT	108	669		21,206.09	31.70	3.112	196.35
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL							
215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C F
@COMMUNITY HOSPITAL TOTAL	163	1,362	\$	78,656.68	\$ 57.75	6.335	\$ 482.56
COMM HOSP INPATIENT TOTAL	10	31		38,983.68	1257.54	.144	3898.37
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	10	31		38,983.68	1257.54	.144	3898.37
ACCOMMODATIONS	10	31		20,673.15	666.88	.144	2067.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	10	31		20,673.15	666.88	.144	2067.32
ANCILLARIES	10	0		18,310.53	.00	.000	1831.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	162	1,331		39,673.00	29.81	6.191	244.90
MEDICAL	29	43		2,748.46	63.92	.200	94.77
SURGERY	8	10		706.57	70.66	.047	88.32
PATHOLOGY	80	365		5,280.34	14.47	1.698	66.00
RADIOLOGY	47	51		2,975.64	58.35	.237	63.31
ROOM USE	114	193		6,755.90	35.00	.898	59.26
CROSSOVERS/ALL OTH OUTPTNT	108	669		21,206.09	31.70	3.112	196.35
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	3	65	\$	8,310.76	\$ 127.86	.302	\$ 2770.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00



LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	3	65		8,310.76	127.86	.302	2770.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	38	61	\$	1,177.71	\$ 19.31	.284	\$ 30.99
PATHOLOGY	38	61		1,177.71	19.31	.284	30.99
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	54	111	\$	16,279.75	\$ 146.66	.516	\$ 301.48
CLINIC	1	11		409.70	37.25	.051	409.70
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	53	100		15,870.05	158.70	.465	299.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	20	115	\$ 3,139.78	\$ 27.30	.535	\$ 156.99	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	92	1,523.70	16.56	.428	507.90	
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.033	139.50	
OTHER TRANS	1	84	109.20	1.30	.391	109.20	
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.060	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.028	16.64	
PHYSICAL THERAPIST	1	3	62.89	20.96	.014	62.89	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	1	1	138.27	138.27	.005	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	2	2	\$	1,244.68	\$	622.34	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL AGED

6,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	6,445	130,941	\$ 3,833,502.17	\$ 29.28	21.202	\$ 594.80	\$
@PHYSICIANS SERVICES	837	2,172	\$ 35,870.23	\$ 16.51	.352	\$ 42.86	\$
OUTPATIENT VISITS	14	14	921.30	65.81	.002	65.81	
OFFICE VISITS	11	11	716.25	65.11	.002	65.11	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	3	3	205.05	68.35	.000	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	1	27.50	27.50	.000	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	
OPHTHALMOLOGICAL SERVICES	1	1	6.01	6.01	.000	6.01	
EXAMINATIONS	1	1	6.01	6.01	.000	6.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	374.91	374.91	.000	374.91	
PRINCIPAL SURGEON	1	1	374.91	374.91	.000	374.91	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	3	5	28.17	5.63	.001	9.39	
RADIOLOGY	16	33	1,756.31	53.22	.005	109.77	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	808	2,117	32,756.03	15.47	.343	40.54	
@PHARMACY	4,605	81,553	\$ 1,640,185.80	\$ 20.11	13.205	\$ 356.17	\$
PRESCRIPTION DRUGS	4,407	20,256	1,603,225.46	79.15	3.280	363.79	
SNF/ICF	594	4,669	301,304.80	64.53	.756	507.25	
OUTPATIENTS	3,821	15,587	1,301,920.66	83.53	2.524	340.73	
MEDICAL SUPPLIES	442	61,297	36,960.34	.60	9.925	83.62	
@DENTIST	53	163	\$ 9,773.35	\$ 59.96	.026	\$ 184.40	\$
VISITS - DIAGNOSTIC	35	87	1,082.35	12.44	.014	30.92	
ORAL SURGERY	2	28	1,371.00	48.96	.005	685.50	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	2	2	200.00	100.00	.000	100.00	
PERIODONTICS	1	1	55.00	55.00	.000	55.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	7	15	387.00	25.80	.002	55.29	

PROSTHETICS	1	1	30.00	30.00	.000	30.00
DENTURES, STAYPLATES	17	28	6,648.00	237.43	.005	391.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00

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6,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	82	249	\$ 4,551.57	\$ 18.28	.040	\$ 55.51	\$
DIAGNOSTIC AND ANC. PROCED	23	40	917.57	22.94	.006	39.89	
EYE APPLIANCES	73	199	3,442.73	17.30	.032	47.16	
OTHER OPTOMETRIC SERVICES	6	10	191.27	19.13	.002	31.88	
@CHIROPRACTOR	3	4	\$ 66.88	\$ 16.72	.001	\$ 22.29	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	3	4	66.88	16.72	.001	22.29	
@PODIATRIST	85	123	\$ 1,409.19	\$ 11.46	.020	\$ 16.58	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	85	123	1,409.19	11.46	.020	16.58	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	1	1	\$ 15.66	\$ 15.66	.000	\$ 15.66	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	603	1,862	\$ 158,520.69	\$ 85.13	.301	\$ 262.89	\$
HOSP INPATIENT TOTAL	152	17	125,673.19	7392.54	.003	826.80	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	4	17	26,388.94	1552.29	.003	6597.24	
ACCOMMODATIONS	4	17	11,552.54	679.56	.003	2888.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	17	11,552.54	679.56	.003	2888.14	
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	148	0	99,284.25	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	531	1,845	32,847.50	17.80	.299	61.86	
MEDICAL	16	20	1,106.79	55.34	.003	69.17	
SURGERY	3	4	108.27	27.07	.001	36.09	
PATHOLOGY	15	56	628.64	11.23	.009	41.91	
RADIOLOGY	17	75	6,645.14	88.60	.012	390.89	
ROOM USE	11	15	843.13	56.21	.002	76.65	
CROSSOVERS/ALL OTH OUTPTNT	509	1,675	23,515.53	14.04	.271	46.20	
@COUNTY HOSPITAL TOTAL	1	3	\$ 16.10	\$ 5.37	.000	\$ 16.10	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.000	16.10
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.000	16.10

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6,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E	
@COMMUNITY HOSPITAL TOTAL	602	1,859	\$ 158,504.59	\$ 85.26	.301	\$ 263.30	\$
COMM HOSP INPATIENT TOTAL	152	17	125,673.19	7392.54	.003	826.80	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	4	17	26,388.94	1552.29	.003	6597.24	
ACCOMMODATIONS	4	17	11,552.54	679.56	.003	2888.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	17	11,552.54	679.56	.003	2888.14	
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	148	0	99,284.25	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	530	1,842	32,831.40	17.82	.298	61.95	
MEDICAL	16	20	1,106.79	55.34	.003	69.17	
SURGERY	3	4	108.27	27.07	.001	36.09	
PATHOLOGY	15	56	628.64	11.23	.009	41.91	
RADIOLOGY	17	75	6,645.14	88.60	.012	390.89	
ROOM USE	11	15	843.13	56.21	.002	76.65	
CROSSOVERS/ALL OTH OUTPTNT	508	1,672	23,499.43	14.05	.271	46.26	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	629	15,174	\$	1,835,382.05	\$	120.96	2.457	\$ 2917.94 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	629	15,174		1,835,382.05		120.96	2.457	2917.94
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	8	12	\$	183.79	\$	15.32	.002	\$ 22.97 \$
PATHOLOGY	6	9		163.94		18.22	.001	27.32
XO AND OTHERS	2	3		19.85		6.62	.000	9.93
@ORGANIZED OUTPATIENT CLINIC	911	1,544	\$	74,942.32	\$	48.54	.250	\$ 82.26 \$
CLINIC	4	10		456.92		45.69	.002	114.23
SURGICENTER	1	1		205.06		205.06	.000	205.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	906	1,533		74,280.34		48.45	.248	81.99

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	6,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@ALL OTHER PROVIDERS	970	28,084	\$	72,600.64	\$ 2.59	4.547	\$ 74.85	\$
DURABLE MED. EQUIP.	32	777		19,128.11	24.62	.126	597.75	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	40	2,147		4,193.48	1.95	.348	104.84	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	37	2,129		4,177.49	1.96	.345	112.91	
OTHER SERVICES	4	18		15.99	.89	.003	4.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	178	468		4,796.05	10.25	.076	26.94	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	1	2		.16	.08	.000	.16	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	7	8		2,777.61	347.20	.001	396.80	
HOSPICE SERVICES	1	8		1,153.36	144.17	.001	1153.36	

NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	736	24,674	40,551.87	1.64	3.995	55.10
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,970	26,426	\$ 299,251.27	\$ 11.32	4.279	\$ 151.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	300	10,853	\$ 128,232.39	\$ 11.82	36.542	\$ 427.44	\$
@PHYSICIANS SERVICES	48	114	\$ 3,284.57	\$ 28.81	.384	\$ 68.43	\$
OUTPATIENT VISITS	13	15	751.53	50.10	.051	57.81	
OFFICE VISITS	11	13	650.45	50.03	.044	59.13	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.003	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	32.73	32.73	.003	32.73	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2	851.26	425.63	.007	851.26	
PRINCIPAL SURGEON	1	1	709.38	709.38	.003	709.38	
ASSISTANT SURGEON	1	1	141.88	141.88	.003	141.88	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4	179.86	44.97	.013	44.97	
PRINCIPAL SURGEON	4	4	179.86	44.97	.013	44.97	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	2	78.60	39.30	.007	39.30	
RADIOLOGY	11	19	217.95	11.47	.064	19.81	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4	200.00	50.00	.013	200.00	
OTHER SERVICES/ALL X-OVERS	27	68	1,005.37	14.78	.229	37.24	
@PHARMACY	236	9,888	\$ 80,144.81	\$ 8.11	33.293	\$ 339.60	\$
PRESCRIPTION DRUGS	208	729	72,837.81	99.91	2.455	350.18	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	208	729	72,837.81	99.91	2.455	350.18	
MEDICAL SUPPLIES	55	9,159	7,307.00	.80	30.838	132.85	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

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297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	6	10	\$ 209.76	\$ 20.98	.034	\$ 34.96	\$
DIAGNOSTIC AND ANC. PROCED	4	4	124.06	31.02	.013	31.02	
EYE APPLIANCES	2	6	85.70	14.28	.020	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	3	4	\$ 65.55	\$ 16.39	.013	\$ 21.85	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	3	4	65.55	16.39	.013	21.85	
@PODIATRIST	1	8	\$ 52.80	\$ 6.60	.027	\$ 52.80	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	8	52.80	6.60	.027	52.80	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	2	10	\$ 197.70	\$ 19.77	.034	\$ 98.85	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	37	181	\$ 25,282.63	\$ 139.68	.609	\$ 683.31	\$
HOSP INPATIENT TOTAL	6	8	21,224.94	2653.12	.027	3537.49	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	3	8	20,144.24	2518.03	.027	6714.75	
ACCOMMODATIONS	3	8	4,579.46	572.43	.027	1526.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	8	4,579.46	572.43	.027	1526.49	
ANCILLARIES	3	0	15,564.78	.00	.000	5188.26	
INPATIENT CROSSOVERS	3	0	1,080.70	.00	.000	360.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	33	173	4,057.69	23.45	.582	122.96	
MEDICAL	13	15	809.48	53.97	.051	62.27	
SURGERY	2	2	228.84	114.42	.007	114.42	
PATHOLOGY	7	29	499.34	17.22	.098	71.33	
RADIOLOGY	9	14	400.37	28.60	.047	44.49	
ROOM USE	14	18	607.15	33.73	.061	43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95	1,512.51	15.92	.320	65.76	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

	297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	37	181	\$	25,282.63	\$ 139.68	.609	\$ 683.31	\$
COMM HOSP INPATIENT TOTAL	6	8		21,224.94	2653.12	.027	3537.49	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	3	8		20,144.24	2518.03	.027	6714.75	
ACCOMMODATIONS	3	8		4,579.46	572.43	.027	1526.49	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	3	8		4,579.46	572.43	.027	1526.49	
ANCILLARIES	3	0		15,564.78	.00	.000	5188.26	
INPATIENT CROSSOVERS	3	0		1,080.70	.00	.000	360.23	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	33	173		4,057.69	23.45	.582	122.96	
MEDICAL	13	15		809.48	53.97	.051	62.27	
SURGERY	2	2		228.84	114.42	.007	114.42	
PATHOLOGY	7	29		499.34	17.22	.098	71.33	
RADIOLOGY	9	14		400.37	28.60	.047	44.49	
ROOM USE	14	18		607.15	33.73	.061	43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95		1,512.51	15.92	.320	65.76	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	223.20	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		223.20	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$



HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	6	24	\$	335.93	\$	14.00	.081	\$ 55.99	\$
PATHOLOGY	6	24		335.93		14.00	.081	55.99	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	49	67	\$	5,459.50	\$	81.49	.226	\$ 111.42	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	49	67		5,459.50		81.49	.226	111.42	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	37	547	\$ 12,975.94	\$ 23.72	1.842	\$ 350.70	\$
DURABLE MED. EQUIP.	5	21	8,437.10	401.77	.071	1687.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	400	618.10	1.55	1.347	206.03	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	400	618.10	1.55	1.347	206.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	4	16	252.47	15.78	.054	63.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	10	2,445.52	244.55	.034	815.17	

PROSTHETICS	3	10		2,445.52		244.55	.034	815.17	
ORTHOTICS	0	0		.00		.00	.000	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	
HOSPICE SERVICES	0	0		.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	24	100		1,222.75		12.23	.337	50.95	
@CALIF. CHILDREN SERVICES*	23	758	\$	17,132.53	\$	22.60	2.552	\$ 744.89	\$
@XOVER EXCLUDING STATE HOSP**	69	3,113	\$	6,553.63	\$	2.11	10.481	\$ 94.98	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

25,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	25,988	498,157	\$ 15,533,163.02	\$ 31.18	19.893	\$ 597.71	\$
@PHYSICIANS SERVICES	5,010	14,362	\$ 513,111.07	\$ 35.73	.574	\$ 102.42	\$
OUTPATIENT VISITS	1,151	1,537	58,536.45	38.08	.061	50.86	
OFFICE VISITS	1,000	1,310	46,851.42	35.76	.052	46.85	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	123	152	9,209.31	60.59	.006	74.87	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	12	36	1,337.13	37.14	.001	111.43	
OTHER OUTPATIENT	36	39	1,138.59	29.19	.002	31.63	
INPATIENT VISITS	130	407	20,117.46	49.43	.016	154.75	
HOSPITAL VISITS	111	359	14,476.10	40.32	.014	130.42	
CRITICAL CARE	12	34	5,074.26	149.24	.001	422.86	
SNF/ICF/TRANS IP CARE	14	14	567.10	40.51	.001	40.51	
OPHTHALMOLOGICAL SERVICES	132	191	7,266.65	38.05	.008	55.05	
EXAMINATIONS	132	191	7,266.65	38.05	.008	55.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	124	760	63,792.45	83.94	.030	514.46	
PRINCIPAL SURGEON	86	135	51,935.98	384.71	.005	603.91	
ASSISTANT SURGEON	10	10	1,995.97	199.60	.000	199.60	
ANESTHESIOLOGIST	39	615	9,860.50	16.03	.025	252.83	
OUTPATIENT SURGERY	332	699	82,727.44	118.35	.028	249.18	
PRINCIPAL SURGEON	302	390	76,334.55	195.73	.016	252.76	
ASSISTANT SURGEON	3	3	225.25	75.08	.000	75.08	
ANESTHESIOLOGIST	35	306	6,167.64	20.16	.012	176.22	
DIALYSIS	13	34	3,379.34	99.39	.001	259.95	
PATHOLOGY	289	558	10,176.34	18.24	.022	35.21	
RADIOLOGY	2,124	3,840	102,350.66	26.65	.153	48.19	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	35	624	36,823.12	59.01	.025	1052.09	
OTHER SERVICES/ALL X-OVERS	1,771	5,712	127,941.16	22.40	.228	72.24	
@PHARMACY	17,672	269,651	\$ 7,929,323.75	\$ 29.41	10.768	\$ 448.69	\$
PRESCRIPTION DRUGS	17,038	73,290	7,744,994.66	105.68	2.927	454.57	
SNF/ICF	157	1,523	148,742.89	97.66	.061	947.41	

OUTPATIENTS	16,884	71,767		7,596,251.77	105.85	2.866	449.91		
MEDICAL SUPPLIES	1,678	196,361		184,329.09	.94	7.841	109.85		
@DENTIST	280	1,266	\$	62,148.35	\$ 49.09	.051	\$ 221.96	\$	
VISITS - DIAGNOSTIC	190	575		8,441.85	14.68	.023	44.43		
ORAL SURGERY	52	428		22,923.00	53.56	.017	440.83		
DRUGS	2	4		15.00	3.75	.000	7.50		
ANESTHESIA	23	24		2,100.00	87.50	.001	91.30		
PERIODONTICS	11	12		671.00	55.92	.000	61.00		
ENDODONTICS	8	8		1,162.00	145.25	.000	145.25		
RESTORATIVE DENTISTRY	45	108		6,220.50	57.60	.004	138.23		
PROSTHETICS	3	3		75.00	25.00	.000	25.00		
DENTURES, STAYPLATES	59	87		20,455.00	235.11	.003	346.69		
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	2	3		50.00	16.67	.000	25.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00		
ALL OTHER SERVICES	14	13		.00	.00	.001	.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

25,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
@OPTOMETRIST	666	1,879	\$ 36,066.01	\$ 19.19	.075	\$ 54.15	\$
DIAGNOSTIC AND ANC. PROCED	373	586	14,614.69	24.94	.023	39.18	
EYE APPLIANCES	464	1,265	21,028.78	16.62	.051	45.32	
OTHER OPTOMETRIC SERVICES	18	28	422.54	15.09	.001	23.47	
@CHIROPRACTOR	222	366	\$ 6,053.73	\$ 16.54	.015	\$ 27.27	\$
VISITS	198	327	5,429.82	16.60	.013	27.42	
OTHER SERVICES	24	39	623.91	16.00	.002	26.00	
@PODIATRIST	239	391	\$ 8,159.62	\$ 20.87	.016	\$ 34.14	\$
MEDICINE/INJECTIONS	125	149	4,646.46	31.18	.006	37.17	
SURGERY/ANES.	7	12	420.79	35.07	.000	60.11	
RADIO./PATHOLOGY	18	25	439.43	17.58	.001	24.41	
OTHER	106	205	2,652.94	12.94	.008	25.03	
@HOME HEALTH AGENCY	49	655	\$ 38,884.68	\$ 59.37	.026	\$ 793.56	\$
NURSE ANESTHESIST	139	735	\$ 14,406.86	\$ 19.60	.029	\$ 103.65	\$
NURSE MIDWIFE	9	22	\$ 4,667.09	\$ 212.14	.001	\$ 518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	4,921	25,943	\$ 4,439,670.16	\$ 171.13	1.036	\$ 902.19	\$
HOSP INPATIENT TOTAL	497	1,356	3,564,724.27	2628.85	.054	7172.48	
HSC HOSPITALS	23	122	186,140.00	1525.74	.005	8093.04	
NON-HSC HOSPITAL TOTAL	248	1,234	3,231,436.50	2618.67	.049	13029.99	
ACCOMMODATIONS	248	1,234	1,109,759.50	899.32	.049	4474.84	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	248	1,234	1,109,759.50	899.32	.049	4474.84	
ANCILLARIES	247	0	2,121,677.00	.00	.000	8589.79	
INPATIENT CROSSOVERS	230	0	147,147.77	.00	.000	639.77	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4,684	24,587	874,945.89	35.59	.982	186.79	
MEDICAL	1,806	3,710	238,058.30	64.17	.148	131.82	
SURGERY	374	470	30,157.04	64.16	.019	80.63	
PATHOLOGY	1,668	7,766	92,438.47	11.90	.310	55.42	

RADIOLOGY	1,624	2,426	201,203.62	82.94	.097	123.89
ROOM USE	1,752	2,978	119,959.47	40.28	.119	68.47
CROSSOVERS/ALL OTH OUTPTNT	2,592	7,237	193,128.99	26.69	.289	74.51
@COUNTY HOSPITAL TOTAL	11	28	\$ 8,671.77	\$ 309.71	.001	\$ 788.34
CO HOSPITAL INPATIENT TOTAL	2	7	8,120.00	1160.00	.000	4060.00
HSC HOSPITALS	2	7	8,120.00	1160.00	.000	4060.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	9	21	551.77	26.27	.001	61.31
MEDICAL	3	3	68.18	22.73	.000	22.73
SURGERY	1	1	70.60	70.60	.000	70.60
PATHOLOGY	1	7	60.24	8.61	.000	60.24
RADIOLOGY	1	4	71.50	17.88	.000	71.50
ROOM USE	3	3	102.01	34.00	.000	34.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	179.24	59.75	.000	59.75

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25,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4,915	25,915	\$ 4,430,998.39	\$ 170.98	1.035	\$ 901.53	\$
COMM HOSP INPATIENT TOTAL	496	1,349	3,556,604.27	2636.47	.054	7170.57	
HSC HOSPITALS	21	115	178,020.00	1548.00	.005	8477.14	
NON-HSC HOSPITALS TOTAL	248	1,234	3,231,436.50	2618.67	.049	13029.99	
ACCOMMODATIONS	248	1,234	1,109,759.50	899.32	.049	4474.84	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	248	1,234	1,109,759.50	899.32	.049	4474.84	
ANCILLARIES	247	0	2,121,677.00	.00	.000	8589.79	
INPATIENT CROSSOVERS	230	0	147,147.77	.00	.000	639.77	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4,678	24,566	874,394.12	35.59	.981	186.92	
MEDICAL	1,803	3,707	237,990.12	64.20	.148	132.00	
SURGERY	373	469	30,086.44	64.15	.019	80.66	
PATHOLOGY	1,668	7,759	92,378.23	11.91	.310	55.38	
RADIOLOGY	1,623	2,422	201,132.12	83.04	.097	123.93	
ROOM USE	1,750	2,975	119,857.46	40.29	.119	68.49	
CROSSOVERS/ALL OTH OUTPTNT	2,589	7,234	192,949.75	26.67	.289	74.53	
@STATE HOSPITAL	12	365	\$ 256,167.95	\$ 701.83	.015	\$ 21347.33	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	256,167.95	701.83	.015	21347.33	
@NURSING FACILITY	137	2,680	\$ 388,422.62	\$ 144.93	.107	\$ 2835.20	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8	4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	136	2,672	383,782.06	143.63	.107	2821.93	

@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	43	230	\$	34,520.29	\$	150.09	.009	\$	802.80	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	43	230		34,520.29		150.09	.009		802.80	
@REHABILITATION FACILITY	6	35	\$	1,133.83	\$	32.40	.001	\$	188.97	\$
HOSPITAL BASED	6	35		1,133.83		32.40	.001		188.97	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1,667	5,873	\$	80,227.46	\$	13.66	.235	\$	48.13	\$
PATHOLOGY	1,663	5,857		80,164.64		13.69	.234		48.20	
XO AND OTHERS	4	16		62.82		3.93	.001		15.71	
@ORGANIZED OUTPATIENT CLINIC	7,854	12,340	\$	1,084,148.61	\$	87.86	.493	\$	138.04	\$
CLINIC	12	17		1,345.67		79.16	.001		112.14	
SURGICENTER	3	21		965.47		45.97	.001		321.82	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7,844	12,302		1,081,837.47		87.94	.491		137.92	
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DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED									

	25,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	3,047	161,364	\$	636,050.94	\$	3.94	6.444	\$
DURABLE MED. EQUIP.	184	407		94,236.03		231.54	.016	\$
BLOOD BANK	0	0		.00		.00	.000	\$
HEARING AID DISPENSERS	2	4		818.23		204.56	.000	\$
MEDICAL TRANSPORTATION	515	97,426		272,378.27		2.80	3.891	\$
AMBULANCES/AIR TRANS	429	11,143		119,007.05		10.68	.445	\$
OTHER TRANS	83	85,693		126,079.78		1.47	3.422	\$
OTHER SERVICES	115	590		27,291.44		46.26	.024	\$
ACUPUNCTURE	8	21		368.83		17.56	.001	\$
ADULT DAY HEALTH CARE CTR	13	239		16,640.06		69.62	.010	\$
GENETIC DISEASE TESTING	13	13		1,365.00		105.00	.001	\$
IHMC,MODEL-NF,NF,AIDS,MSSP	33	121		16,076.52		132.86	.005	\$
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	\$
OPTICIAN	718	1,881		18,388.95		9.78	.075	\$
PHYSICAL THERAPIST	228	2,217		33,910.33		15.30	.089	\$
PORTABLE X-RAY	0	0		.00		.00	.000	\$
PROSTHETIST/ORTHOTISTS	21	140		29,489.77		210.64	.006	\$
PROSTHETICS	21	140		29,489.77		210.64	.006	\$
ORTHOTICS	0	0		.00		.00	.000	\$
PSYCHOLOGIST	5	10		124.85		12.49	.000	\$
SPEECH AND AUDIOLOGY	37	144		4,312.51		29.95	.006	\$
HOSPICE SERVICES	0	0		.00		.00	.000	\$
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	\$
LOCAL EDUCATION AGENCIES	394	6,397		47,758.49		7.47	.255	\$
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	\$
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	\$
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	\$
ALL OTHER PROVIDERS	1,032	52,344		100,183.10		1.91	2.090	\$
@CALIF. CHILDREN SERVICES*	90	1,278	\$	204,887.98	\$	160.32	.051	\$
@XOVER EXCLUDING STATE HOSP**	3,524	44,455	\$	422,116.57	\$	9.50	1.775	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

	54,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@TOTAL, ALL PROVIDERS	28,645	133,715	\$	8,506,740.08	\$ 63.62	2.436 \$ 296.97	\$
@PHYSICIANS SERVICES	4,795	9,463	\$	397,497.66	\$ 42.01	.172 \$ 82.90	\$
OUTPATIENT VISITS	1,098	1,355		52,746.97	38.93	.025 48.04	
OFFICE VISITS	898	1,029		37,883.82	36.82	.019 42.19	
HOME VISITS	0	0		.00	.00	.000 .00	
EMERGENCY ROOM	145	162		8,637.07	53.32	.003 59.57	
PREVENTIVE CARE	1	1		54.83	54.83	.000 54.83	
OB VISITS/COMPRE PERI	33	126		4,788.85	38.01	.002 145.12	
OTHER OUTPATIENT	35	37		1,382.40	37.36	.001 39.50	
INPATIENT VISITS	140	705		68,375.71	96.99	.013 488.40	
HOSPITAL VISITS	111	285		14,667.62	51.47	.005 132.14	
CRITICAL CARE	37	419		53,635.99	128.01	.008 1449.62	
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.000 72.10	
OPHTHALMOLOGICAL SERVICES	54	61		2,220.10	36.40	.001 41.11	
EXAMINATIONS	54	61		2,220.10	36.40	.001 41.11	
SERVICES AND MATERIALS	0	0		.00	.00	.000 .00	
INPATIENT HOSPITAL SURGERY	115	482		60,934.73	126.42	.009 529.87	
PRINCIPAL SURGEON	84	100		50,910.07	509.10	.002 606.07	
ASSISTANT SURGEON	11	11		1,892.50	172.05	.000 172.05	
ANESTHESIOLOGIST	32	371		8,132.16	21.92	.007 254.13	
OUTPATIENT SURGERY	358	980		75,197.49	76.73	.018 210.05	
PRINCIPAL SURGEON	336	419		69,570.50	166.04	.008 207.06	
ASSISTANT SURGEON	1	1		134.77	134.77	.000 134.77	
ANESTHESIOLOGIST	29	560		5,492.22	9.81	.010 189.39	
DIALYSIS	0	0		.00	.00	.000 .00	
PATHOLOGY	232	462		7,891.85	17.08	.008 34.02	
RADIOLOGY	3,166	4,477		103,259.59	23.06	.082 32.62	
PSYCHIATRY	0	0		.00	.00	.000 .00	

IMMUNIZATION AND INJECTION	52	141		1,274.56	9.04	.003	24.51	
OTHER SERVICES/ALL X-OVERS	444	800		25,596.66	32.00	.015	57.65	
@PHARMACY	13,415	32,525	\$	1,840,731.59	\$ 56.59	.593	\$ 137.21	\$
PRESCRIPTION DRUGS	13,338	32,046		1,813,066.53	56.58	.584	135.93	
SNF/ICF	1	1		8.53	8.53	.000	8.53	
OUTPATIENTS	13,337	32,045		1,813,058.00	56.58	.584	135.94	
MEDICAL SUPPLIES	307	479		27,665.06	57.76	.009	90.11	
@DENTIST	414	2,542	\$	98,213.55	\$ 38.64	.046	\$ 237.23	\$
VISITS - DIAGNOSTIC	332	1,398		22,151.80	15.85	.025	66.72	
ORAL SURGERY	108	581		37,186.00	64.00	.011	344.31	
DRUGS	5	6		15.00	2.50	.000	3.00	
ANESTHESIA	41	41		4,100.00	100.00	.001	100.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	21	32		2,956.00	92.38	.001	140.76	
RESTORATIVE DENTISTRY	103	377		17,563.00	46.59	.007	170.51	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	19	29		9,003.00	310.45	.001	473.84	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	14	16		800.00	50.00	.000	57.14	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	37	42		4,157.50	98.99	.001	112.36	
ALL OTHER SERVICES	20	20		281.25	14.06	.000	14.06	
#CALIF DEPT OF HEALTH SERV								PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL FAMILIES

	54,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	831	2,361	\$	45,457.01	\$ 19.25	.043	\$ 54.70	\$
DIAGNOSTIC AND ANC. PROCED	589	944		24,236.00	25.67	.017	41.15	
EYE APPLIANCES	512	1,413		21,180.04	14.99	.026	41.37	
OTHER OPTOMETRIC SERVICES	4	4		40.97	10.24	.000	10.24	
@CHIROPRACTOR	263	392	\$	6,520.80	\$ 16.63	.007	\$ 24.79	\$
VISITS	263	392		6,520.80	16.63	.007	24.79	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	117	170	\$	5,699.56	\$ 33.53	.003	\$ 48.71	\$
MEDICINE/INJECTIONS	113	149		4,953.83	33.25	.003	43.84	
SURGERY/ANES.	4	4		440.25	110.06	.000	110.06	
RADIO./PATHOLOGY	10	15		257.79	17.19	.000	25.78	
OTHER	1	2		47.69	23.85	.000	47.69	
@HOME HEALTH AGENCY	17	254	\$	16,836.00	\$ 66.28	.005	\$ 990.35	\$
NURSE ANESTHESIST	300	1,605	\$	31,925.40	\$ 19.89	.029	\$ 106.42	\$
NURSE MIDWIFE	129	286	\$	52,200.60	\$ 182.52	.005	\$ 404.66	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	5	9	\$	168.56	\$ 18.73	.000	\$ 33.71	\$
@TOTAL HOSPITAL	7,314	37,700	\$	3,587,237.00	\$ 95.15	.687	\$ 490.46	\$
HOSP INPATIENT TOTAL	371	1,460		2,370,607.44	1623.70	.027	6389.78	
HSC HOSPITALS	34	218		336,057.51	1541.55	.004	9884.04	
NON-HSC HOSPITAL TOTAL	337	1,242		2,033,979.05	1637.66	.023	6035.55	
ACCOMMODATIONS	337	1,242		939,212.81	756.21	.023	2786.98	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	337	1,242		939,212.81	756.21	.023	2786.98	
ANCILLARIES	337	0		1,094,766.24	.00	.000	3248.56	
INPATIENT CROSSOVERS	2	0		570.88	.00	.000	285.44	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	7,149	36,240	1,216,629.56	33.57	.660	170.18
MEDICAL	3,724	5,183	312,235.68	60.24	.094	83.84
SURGERY	699	903	51,739.08	57.30	.016	74.02
PATHOLOGY	2,865	10,088	126,818.73	12.57	.184	44.26
RADIOLOGY	2,505	3,376	216,534.81	64.14	.062	86.44
ROOM USE	4,469	6,576	248,659.12	37.81	.120	55.64
CROSSOVERS/ALL OTH OUTPTNT	3,317	10,114	260,642.14	25.77	.184	78.58
@COUNTY HOSPITAL TOTAL	14	60	1,944.34	32.41	.001	138.88
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	14	60	1,944.34	32.41	.001	138.88
MEDICAL	5	6	352.43	58.74	.000	70.49
SURGERY	1	3	61.68	20.56	.000	61.68
PATHOLOGY	6	18	321.53	17.86	.000	53.59
RADIOLOGY	2	2	74.27	37.14	.000	37.14
ROOM USE	8	13	556.45	42.80	.000	69.56
CROSSOVERS/ALL OTH OUTPTNT	8	18	577.98	32.11	.000	72.25

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

54,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	7,301	37,640	\$ 3,585,292.66	\$ 95.25	.686	\$ 491.07	\$
COMM HOSP INPATIENT TOTAL	371	1,460	2,370,607.44	1623.70	.027	6389.78	
HSC HOSPITALS	34	218	336,057.51	1541.55	.004	9884.04	
NON-HSC HOSPITALS TOTAL	337	1,242	2,033,979.05	1637.66	.023	6035.55	
ACCOMMODATIONS	337	1,242	939,212.81	756.21	.023	2786.98	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	337	1,242	939,212.81	756.21	.023	2786.98	
ANCILLARIES	337	0	1,094,766.24	.00	.000	3248.56	
INPATIENT CROSSOVERS	2	0	570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7,136	36,180	1,214,685.22	33.57	.659	170.22	
MEDICAL	3,719	5,177	311,883.25	60.24	.094	83.86	
SURGERY	698	900	51,677.40	57.42	.016	74.04	
PATHOLOGY	2,859	10,070	126,497.20	12.56	.183	44.25	
RADIOLOGY	2,503	3,374	216,460.54	64.16	.061	86.48	
ROOM USE	4,461	6,563	248,102.67	37.80	.120	55.62	
CROSSOVERS/ALL OTH OUTPTNT	3,310	10,096	260,064.16	25.76	.184	78.57	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	1	12	\$ 1,521.60	\$ 126.80	.000	\$ 1521.60	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	



LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	1	12	1,521.60	126.80	.000	1521.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	31	160	\$ 4,082.29	\$ 25.51	.003	\$ 131.69
HOSPITAL BASED	31	160	4,082.29	25.51	.003	131.69
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	2,223	5,924	\$ 94,406.02	\$ 15.94	.108	\$ 42.47
PATHOLOGY	2,223	5,924	94,406.02	15.94	.108	42.47
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	12,636	17,718	\$ 2,022,990.66	\$ 114.18	.323	\$ 160.10
CLINIC	79	310	11,932.89	38.49	.006	151.05
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	12,570	17,408	2,011,057.77	115.52	.317	159.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES					

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
54,891 ELIGIBLES							
@ALL OTHER PROVIDERS	1,937	22,594	\$ 301,251.78	\$ 13.33	.412	\$ 155.52	\$
DURABLE MED. EQUIP.	28	57	4,531.57	79.50	.001	161.84	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	374	13,663	194,878.53	14.26	.249	521.07	
AMBULANCES/AIR TRANS	364	11,059	140,734.95	12.73	.201	386.63	
OTHER TRANS	7	2,483	3,630.65	1.46	.045	518.66	
OTHER SERVICES	114	121	50,512.93	417.46	.002	443.10	
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	89	89	9,345.00	105.00	.002	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	19	1,486.31	78.23	.000	743.16	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	557	1,210	10,384.26	8.58	.022	18.64	
PHYSICAL THERAPIST	190	1,492	22,411.52	15.02	.027	117.96	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	11	32	6,191.56	193.49	.001	562.87	
PROSTHETICS	11	32	6,191.56	193.49	.001	562.87	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	66	212	8,497.64	40.08	.004	128.75	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	572	3,341	36,723.68	10.99	.061	64.20	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	80	2,478	6,784.33	2.74	.045	84.80
@CALIF. CHILDREN SERVICES*	108	1,477	\$ 399,907.73	\$ 270.76	.027	\$ 3702.85
@XOVER EXCLUDING STATE HOSP**	63	1,085	\$ 3,061.25	\$ 2.82	.020	\$ 48.59

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	3,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	1,737	8,949	\$	557,098.52	\$ 62.25	2.878	\$ 320.72	\$
@PHYSICIANS SERVICES	300	520	\$	22,012.11	\$ 42.33	.167	\$ 73.37	\$
OUTPATIENT VISITS	91	117		4,697.53	40.15	.038	51.62	
OFFICE VISITS	58	73		2,533.18	34.70	.023	43.68	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	22	30		1,696.78	56.56	.010	77.13	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	3	5		168.58	33.72	.002	56.19	
OTHER OUTPATIENT	9	9		298.99	33.22	.003	33.22	
INPATIENT VISITS	13	45		3,958.22	87.96	.014	304.48	
HOSPITAL VISITS	8	24		1,582.98	65.96	.008	197.87	
CRITICAL CARE	3	19		2,320.24	122.12	.006	773.41	
SNF/ICF/TRANS IP CARE	2	2		55.00	27.50	.001	27.50	
OPHTHALMOLOGICAL SERVICES	2	2		76.86	38.43	.001	38.43	
EXAMINATIONS	2	2		76.86	38.43	.001	38.43	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	5	8		1,849.82	231.23	.003	369.96	
PRINCIPAL SURGEON	4	4		1,802.81	450.70	.001	450.70	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4		47.01	11.75	.001	47.01	
OUTPATIENT SURGERY	15	36		2,254.40	62.62	.012	150.29	
PRINCIPAL SURGEON	11	14		1,157.55	82.68	.005	105.23	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	4	22		1,096.85	49.86	.007	274.21	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	8	8		262.88	32.86	.003	32.86	
RADIOLOGY	194	245		6,544.48	26.71	.079	33.73	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	3		15.00	5.00	.001	7.50	
OTHER SERVICES/ALL X-OVERS	25	56		2,352.92	42.02	.018	94.12	
@PHARMACY	694	1,618	\$	121,761.52	\$ 75.25	.520	\$ 175.45	\$
PRESCRIPTION DRUGS	688	1,541		116,175.65	75.39	.496	168.86	
SNF/ICF	3	25		2,685.36	107.41	.008	895.12	
OUTPATIENTS	685	1,516		113,490.29	74.86	.488	165.68	
MEDICAL SUPPLIES	25	77		5,585.87	72.54	.025	223.43	
@DENTIST	26	111	\$	5,352.00	\$ 48.22	.036	\$ 205.85	\$
VISITS - DIAGNOSTIC	18	65		1,186.00	18.25	.021	65.89	
ORAL SURGERY	11	33		3,398.00	102.97	.011	308.91	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	6	6		500.00	83.33	.002	83.33	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	

RESTORATIVE DENTISTRY	3	3	43.00	14.33	.001	14.33
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	2	75.00	37.50	.001	37.50

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3,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	39	101	\$ 1,862.54	\$ 18.44	.032	\$ 47.76	\$
DIAGNOSTIC AND ANC. PROCED	22	35	891.44	25.47	.011	40.52	
EYE APPLIANCES	25	66	971.10	14.71	.021	38.84	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	7	9	\$ 150.48	\$ 16.72	.003	\$ 21.50	\$
VISITS	7	9	150.48	16.72	.003	21.50	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	1	7	\$ 479.29	\$ 68.47	.002	\$ 479.29	\$
NURSE ANESTHESIST	18	88	\$ 1,908.88	\$ 21.69	.028	\$ 106.05	\$
NURSE MIDWIFE	20	43	\$ 6,213.04	\$ 144.49	.014	\$ 310.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	591	3,651	\$ 250,387.46	\$ 68.58	1.174	\$ 423.67	\$
HOSP INPATIENT TOTAL	34	115	142,725.53	1241.09	.037	4197.81	
HSC HOSPITALS	4	12	22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITAL TOTAL	30	103	120,649.53	1171.35	.033	4021.65	
ACCOMMODATIONS	30	103	65,583.66	636.73	.033	2186.12	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	30	103	65,583.66	636.73	.033	2186.12
ANCILLARIES	30	0	55,065.87	.00	.000	1835.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	581	3,536	107,661.93	30.45	1.137	185.30
MEDICAL	222	291	17,928.11	61.61	.094	80.76
SURGERY	47	64	3,682.24	57.54	.021	78.35
PATHOLOGY	269	1,122	14,864.82	13.25	.361	55.26
RADIOLOGY	168	207	12,883.15	62.24	.067	76.69
ROOM USE	384	571	20,251.05	35.47	.184	52.74
CROSSOVERS/ALL OTH OUTPTNT	299	1,281	38,052.56	29.71	.412	127.27
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

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3,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	591	3,651	\$ 250,387.46	\$ 68.58	1.174	\$ 423.67	\$
COMM HOSP INPATIENT TOTAL	34	115	142,725.53	1241.09	.037	4197.81	
HSC HOSPITALS	4	12	22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITALS TOTAL	30	103	120,649.53	1171.35	.033	4021.65	
ACCOMMODATIONS	30	103	65,583.66	636.73	.033	2186.12	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	30	103	65,583.66	636.73	.033	2186.12	
ANCILLARIES	30	0	55,065.87	.00	.000	1835.53	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	581	3,536	107,661.93	30.45	1.137	185.30	
MEDICAL	222	291	17,928.11	61.61	.094	80.76	
SURGERY	47	64	3,682.24	57.54	.021	78.35	
PATHOLOGY	269	1,122	14,864.82	13.25	.361	55.26	
RADIOLOGY	168	207	12,883.15	62.24	.067	76.69	
ROOM USE	384	571	20,251.05	35.47	.184	52.74	
CROSSOVERS/ALL OTH OUTPTNT	299	1,281	38,052.56	29.71	.412	127.27	

@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	3	65	\$	8,310.76	\$	127.86	.021	\$	2770.25	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	3	65		8,310.76		127.86	.021		2770.25	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	3	\$	63.57	\$	21.19	.001	\$	63.57	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	1	3		63.57		21.19	.001		63.57	
@LABORATORY FACILITY	129	269	\$	5,364.36	\$	19.94	.087	\$	41.58	\$
PATHOLOGY	129	269		5,364.36		19.94	.087		41.58	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	649	924	\$	108,134.82	\$	117.03	.297	\$	166.62	\$
CLINIC	9	40		1,574.79		39.37	.013		174.98	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	641	884		106,560.03		120.54	.284		166.24	
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	3,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	107		1,540	\$ 25,097.69	\$ 16.30	.495	\$ 234.56	\$
DURABLE MED. EQUIP.	1		2	57.56	28.78	.001	57.56	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	26		729	15,569.46	21.36	.234	598.83	
AMBULANCES/AIR TRANS	23		633	10,281.22	16.24	.204	447.01	
OTHER TRANS	1		84	109.20	1.30	.027	109.20	
OTHER SERVICES	12		12	5,179.04	431.59	.004	431.59	
ACUPUNCTURE	0		0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	23		23	2,415.00	105.00	.007	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	
OPTICIAN	23		48	413.84	8.62	.015	17.99	
PHYSICAL THERAPIST	2		28	297.81	10.64	.009	148.91	
PORTABLE X-RAY	0		0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1		6	894.98	149.16	.002	894.98	
PROSTHETICS	1		6	894.98	149.16	.002	894.98	
ORTHOTICS	0		0	.00	.00	.000	.00	
PSYCHOLOGIST	0		0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6		39	1,304.75	33.46	.013	217.46	

HOSPICE SERVICES	1	1	138.27	138.27	.000	138.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	25	648	3,239.15	5.00	.208	129.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	6	16	766.87	47.93	.005	127.81
@CALIF. CHILDREN SERVICES*	34	449	\$ 50,621.68	\$ 112.74	.144	\$ 1488.87
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	6	42	\$ 1,883.39	\$ 44.84	14.000	\$ 313.90	\$
@PHYSICIANS SERVICES	3	3	\$ 618.86	\$ 206.29	1.000	\$ 206.29	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	3	3	618.86	206.29	1.000	206.29	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	1	1	\$ 9.59	\$ 9.59	.333	\$ 9.59	\$
PRESCRIPTION DRUGS	1	1	9.59	9.59	.333	9.59	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	1	1	9.59	9.59	.333	9.59	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	

ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
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	----- MONTHLY AVERAGE -					
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	



SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	1	16	\$	1,047.13	\$	65.45	5.333	\$	1047.13 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	1	16		1,047.13		65.45	5.333		1047.13
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	1	22	\$	207.81	\$	9.45	7.333	\$	207.81 \$
PATHOLOGY	1	22		207.81		9.45	7.333		207.81
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS      AID CODES 71

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	

PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C F
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	

SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$ .00 \$
ICF DDH	0	0		.00		.000	.00
ICF DD	0	0		.00		.000	.00
ICF DDN/DDCN	0	0		.00		.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$ .00 \$
HOSPITAL BASED	0	0		.00		.000	.00
HEMODIALYSIS CENTER	0	0		.00		.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$ .00 \$
HOSPITAL BASED	0	0		.00		.000	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$ .00 \$
PATHOLOGY	0	0		.00		.000	.00
XO AND OTHERS	0	0		.00		.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$ .00 \$
CLINIC	0	0		.00		.000	.00
SURGICENTER	0	0		.00		.000	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00
RURAL HEALTH CLINIC	0	0		.00		.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						
	AID CODES 73						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	\$ .000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	\$ .000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS					
	AID CODES 51 52 56 57					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS					
	AID CODES 51 52 56 57					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE -			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$



LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	107	1,046	\$ 92,128.85	\$ 88.08	5.005	\$ 861.02	\$
@PHYSICIANS SERVICES	36	61	\$ 2,750.23	\$ 45.09	.292	\$ 76.40	\$
OUTPATIENT VISITS	1	1	111.50	111.50	.005	111.50	
OFFICE VISITS	1	1	111.50	111.50	.005	111.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	4	202.68	50.67	.019	101.34	
HOSPITAL VISITS	2	4	202.68	50.67	.019	101.34	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	3	1,138.17	379.39	.014	379.39	
PRINCIPAL SURGEON	3	3	1,138.17	379.39	.014	379.39	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
DIALYSIS	2	17		368.30		21.66	.081	184.15	
PATHOLOGY	1	1		30.40		30.40	.005	30.40	
RADIOLOGY	27	34		874.58		25.72	.163	32.39	
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1		24.60		24.60	.005	24.60	
@PHARMACY	30	58	\$	1,074.01	\$	18.52	.278	35.80	\$
PRESCRIPTION DRUGS	29	52		781.83		15.04	.249	26.96	
SNF/ICF	0	0		.00		.00	.000	.00	
OUTPATIENTS	29	52		781.83		15.04	.249	26.96	
MEDICAL SUPPLIES	2	6		292.18		48.70	.029	146.09	
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	7	48	\$ 960.94	\$ 20.02	.230	\$ 137.28	\$
NURSE MIDWIFE	3	7	\$ 794.99	\$ 113.57	.033	\$ 265.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	77	794	\$ 82,458.95	\$ 103.85	3.799	\$ 1070.90	\$
HOSP INPATIENT TOTAL	10	39	57,279.56	1468.71	.187	5727.96	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	10	39	57,279.56	1468.71	.187	5727.96	

ACCOMMODATIONS	10	39	24,429.39	626.39	.187	2442.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	10	39	24,429.39	626.39	.187	2442.94
ANCILLARIES	10	0	32,850.17	.00	.000	3285.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	74	755	25,179.39	33.35	3.612	340.26
MEDICAL	23	27	1,804.03	66.82	.129	78.44
SURGERY	5	7	304.56	43.51	.033	60.91
PATHOLOGY	41	208	3,139.22	15.09	.995	76.57
RADIOLOGY	25	28	1,981.97	70.78	.134	79.28
ROOM USE	66	133	4,692.85	35.28	.636	71.10
CROSSOVERS/ALL OTH OUTPTNT	57	352	13,256.76	37.66	1.684	232.57
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	77	794	\$ 82,458.95	\$ 103.85	3.799	\$ 1070.90	\$
COMM HOSP INPATIENT TOTAL	10	39	57,279.56	1468.71	.187	5727.96	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	10	39	57,279.56	1468.71	.187	5727.96	
ACCOMMODATIONS	10	39	24,429.39	626.39	.187	2442.94	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	10	39	24,429.39	626.39	.187	2442.94	
ANCILLARIES	10	0	32,850.17	.00	.000	3285.02	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	74	755	25,179.39	33.35	3.612	340.26	
MEDICAL	23	27	1,804.03	66.82	.129	78.44	
SURGERY	5	7	304.56	43.51	.033	60.91	
PATHOLOGY	41	208	3,139.22	15.09	.995	76.57	
RADIOLOGY	25	28	1,981.97	70.78	.134	79.28	
ROOM USE	66	133	4,692.85	35.28	.636	71.10	

CROSSOVERS/ALL OTH OUTPTNT	57	352		13,256.76		37.66	1.684	232.57	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	1	7	\$	741.86	\$	105.98	.033	\$ 741.86	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	1	7		741.86		105.98	.033	741.86	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	11	14	\$	266.92	\$	19.07	.067	\$ 24.27	\$
PATHOLOGY	11	14		266.92		19.07	.067	24.27	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	10	18	\$	1,932.62	\$	107.37	.086	\$ 193.26	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	10	18		1,932.62		107.37	.086	193.26	

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	7	39	\$ 1,148.33	\$ 29.44	.187	\$ 164.05	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	34	623.33	18.33	.163	207.78	
AMBULANCES/AIR TRANS	3	32	603.57	18.86	.153	201.19	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	2	19.76	9.88	.010	19.76	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	5	5	525.00	105.00	.024	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	

SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	5	60	\$ 2,692.17	\$ 44.87	30.000	\$ 538.43	\$
@PHYSICIANS SERVICES	1	2	\$ 91.65	\$ 45.83	1.000	\$ 91.65	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	2	91.65	45.83	1.000	91.65	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	3	10	\$ 521.91	\$ 52.19	5.000	\$ 173.97	\$
PRESCRIPTION DRUGS	3	10	521.91	52.19	5.000	173.97	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	3	10	521.91	52.19	5.000	173.97	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG COST PER USER	- C F
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$ .00	\$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$ .00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$ .00	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$ .00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	2	33	\$	1,259.60	\$	38.17	16.500	\$	629.80	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	2	33		1,259.60		38.17	16.500		629.80	
MEDICAL	2	5		273.19		54.64	2.500		136.60	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	16		147.20		9.20	8.000		73.60	
RADIOLOGY	2	6		725.10		120.85	3.000		362.55	
ROOM USE	2	2		67.54		33.77	1.000		33.77	
CROSSOVERS/ALL OTH OUTPTNT	2	4		46.57		11.64	2.000		23.29	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR REFUGEES									
AID CODES 01 02 08 0A										

						----- MONTHLY AVERAGE -			
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER			
@COMMUNITY HOSPITAL TOTAL	2	33	\$ 1,259.60	\$ 38.17	16.500	\$ 629.80		\$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00			
HSC HOSPITALS	0	0	.00	.00	.000	.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00			
ACCOMMODATIONS	0	0	.00	.00	.000	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00			
ANCILLARIES	0	0	.00	.00	.000	.00			
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00			
COMM HOSP OUTPATIENT TOTAL	2	33	1,259.60	38.17	16.500	629.80			



MEDICAL	2	5		273.19	54.64	2.500	136.60	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	2	16		147.20	9.20	8.000	73.60	
RADIOLOGY	2	6		725.10	120.85	3.000	362.55	
ROOM USE	2	2		67.54	33.77	1.000	33.77	
CROSSOVERS/ALL OTH OUTPTNT	2	4		46.57	11.64	2.000	23.29	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	3	4	\$	79.75	19.94	2.000	26.58	\$
PATHOLOGY	3	4		79.75	19.94	2.000	26.58	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	584.46	116.89	2.500	194.82	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	3	5		584.46	116.89	2.500	194.82	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE -		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	1	6	\$ 154.80	\$ 25.80	3.000	\$ 154.80	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	6	154.80	25.80	3.000	154.80	
AMBULANCES/AIR TRANS	1	6	154.80	25.80	3.000	154.80	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	128	1,195	\$ 91,294.72	\$ 76.40	14.059	\$ 713.24	\$
@PHYSICIANS SERVICES	60	509	\$ 32,677.87	\$ 64.20	5.988	\$ 544.63	\$
OUTPATIENT VISITS	30	40	1,667.33	41.68	.471	55.58	
OFFICE VISITS	30	40	1,667.33	41.68	.471	55.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	337.30	337.30	.012	337.30	
PRINCIPAL SURGEON	1	1	337.30	337.30	.012	337.30	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	8	24	2,794.19	116.42	.282	349.27	
PRINCIPAL SURGEON	7	8	2,467.06	308.38	.094	352.44	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16	327.13	20.45	.188	109.04	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	18	51	760.97	14.92	.600	42.28	
RADIOLOGY	26	58	2,937.68	50.65	.682	112.99	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	9	302	23,470.15	77.72	3.553	2607.79	
OTHER SERVICES/ALL X-OVERS	7	33	710.25	21.52	.388	101.46	
@PHARMACY	64	203	\$ 33,225.58	\$ 163.67	2.388	\$ 519.15	\$

PRESCRIPTION DRUGS	64	199	33,049.62	166.08	2.341	516.40
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	64	199	33,049.62	166.08	2.341	516.40
MEDICAL SUPPLIES	2	4	175.96	43.99	.047	87.98
@DENTIST	0	0	.00	.00	.000	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	4	18	\$ 313.75	\$ 17.43	.212	\$ 78.44	\$
DIAGNOSTIC AND ANC. PROCED	3	6	142.35	23.73	.071	47.45	
EYE APPLIANCES	3	12	171.40	14.28	.141	57.13	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.071	\$ 25.08	\$
VISITS	4	6	100.32	16.72	.071	25.08	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	3	\$ 91.80	\$ 30.60	.035	\$ 91.80	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.012	57.20	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.024	34.60	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	2	24	\$ 360.79	\$ 15.03	.282	\$ 180.40	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	34	241	\$ 13,703.93	\$ 56.86	2.835	\$ 403.06	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	34	241	13,703.93	56.86	2.835	403.06	
MEDICAL	5	14	1,169.04	83.50	.165	233.81	

SURGERY	6	6	400.77	66.80	.071	66.80
PATHOLOGY	14	38	688.60	18.12	.447	49.19
RADIOLOGY	24	141	9,904.00	70.24	1.659	412.67
ROOM USE	8	19	1,200.68	63.19	.224	150.09
CROSSOVERS/ALL OTH OUTPTNT	6	23	340.84	14.82	.271	56.81
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL					
			AID CODES 0M 0N 0P			

	85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	34	241	\$	13,703.93	\$ 56.86	2.835	\$ 403.06	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	34	241	13,703.93	56.86	2.835	403.06
MEDICAL	5	14	1,169.04	83.50	.165	233.81
SURGERY	6	6	400.77	66.80	.071	66.80
PATHOLOGY	14	38	688.60	18.12	.447	49.19
RADIOLOGY	24	141	9,904.00	70.24	1.659	412.67
ROOM USE	8	19	1,200.68	63.19	.224	150.09
CROSSOVERS/ALL OTH OUTPTNT	6	23	340.84	14.82	.271	56.81
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	2	15	\$ 342.30	\$ 22.82	.176	\$ 171.15
HOSPITAL BASED	2	15	342.30	22.82	.176	171.15
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	21	54	\$ 1,248.71	\$ 23.12	.635	\$ 59.46
PATHOLOGY	21	54	1,248.71	23.12	.635	59.46
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	42	66	\$ 8,363.71	\$ 126.72	.776	\$ 199.14
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	42	66	8,363.71	126.72	.776	199.14

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES OM ON OP

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	7	56	\$ 865.96	\$ 15.46	.659	\$ 123.71	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	

GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	8	66.56	8.32	.094	22.19
PHYSICAL THERAPIST	3	44	658.73	14.97	.518	219.58
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	4	140.67	35.17	.047	70.34
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	14	50	\$ 1,936.59	\$ 38.73	.000	\$ 138.33	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	0	0		.00		.00	.000	.00
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00
@PHARMACY	12	33	\$	1,936.59	\$	58.68	.000	\$ 161.38
PRESCRIPTION DRUGS	12	33		1,936.59		58.68	.000	161.38
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	12	33		1,936.59		58.68	.000	161.38
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
DEL NORTE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	-\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	-\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
@TOTAL HOSPITAL	2	17	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	2	17	.00	.00	.000	.00
MEDICAL	1	3	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	2	3	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY					
AID CODES 0R 0T 0U 0V						
----- MONTHLY AVERAGE -----						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	2	17	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	2	17	.00	.00	.000	.00
MEDICAL	1	3	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	2	3	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00





AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	142	1,245	\$ 93,231.31	\$ 74.88	14.647	\$ 656.56	\$
@PHYSICIANS SERVICES	60	509	\$ 32,677.87	\$ 64.20	5.988	\$ 544.63	\$
OUTPATIENT VISITS	30	40	1,667.33	41.68	.471	55.58	
OFFICE VISITS	30	40	1,667.33	41.68	.471	55.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	337.30	337.30	.012	337.30	
PRINCIPAL SURGEON	1	1	337.30	337.30	.012	337.30	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	8	24	2,794.19	116.42	.282	349.27	

PRINCIPAL SURGEON	7	8		2,467.06	308.38	.094	352.44	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16		327.13	20.45	.188	109.04	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	18	51		760.97	14.92	.600	42.28	
RADIOLOGY	26	58		2,937.68	50.65	.682	112.99	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	9	302		23,470.15	77.72	3.553	2607.79	
OTHER SERVICES/ALL X-OVERS	7	33		710.25	21.52	.388	101.46	
@PHARMACY	76	236	\$	35,162.17	\$ 148.99	2.776	\$ 462.66	\$
PRESCRIPTION DRUGS	76	232		34,986.21	150.80	2.729	460.34	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	76	232		34,986.21	150.80	2.729	460.34	
MEDICAL SUPPLIES	2	4		175.96	43.99	.047	87.98	
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
DEL NORTE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-TOTAL

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@OPTOMETRIST	4	18	\$ 313.75	\$ 17.43	.212	\$ 78.44	\$
DIAGNOSTIC AND ANC. PROCED	3	6	142.35	23.73	.071	47.45	
EYE APPLIANCES	3	12	171.40	14.28	.141	57.13	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.071	\$ 25.08	\$
VISITS	4	6	100.32	16.72	.071	25.08	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	3	\$ 91.80	\$ 30.60	.035	\$ 91.80	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.012	57.20	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.024	34.60	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	2	24	\$ 360.79	\$ 15.03	.282	\$ 180.40	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	36	258	\$ 13,703.93	\$ 53.12	3.035	\$ 380.66	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	36	258	13,703.93	53.12	3.035	380.66
MEDICAL	6	17	1,169.04	68.77	.200	194.84
SURGERY	6	6	400.77	66.80	.071	66.80
PATHOLOGY	14	38	688.60	18.12	.447	49.19
RADIOLOGY	24	141	9,904.00	70.24	1.659	412.67
ROOM USE	10	22	1,200.68	54.58	.259	120.07
CROSSOVERS/ALL OTH OUTPTNT	8	34	340.84	10.02	.400	42.61
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

	85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	36		258	\$ 13,703.93	\$ 53.12	3.035	\$ 380.66	\$
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	
HSC HOSPITALS	0		0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	
ACCOMMODATIONS	0		0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	
ANCILLARIES	0		0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	36		258	13,703.93	53.12	3.035	380.66	
MEDICAL	6		17	1,169.04	68.77	.200	194.84	
SURGERY	6		6	400.77	66.80	.071	66.80	
PATHOLOGY	14		38	688.60	18.12	.447	49.19	
RADIOLOGY	24		141	9,904.00	70.24	1.659	412.67	

ROOM USE	10	22		1,200.68		54.58	.259	120.07	
CROSSOVERS/ALL OTH OUTPTNT	8	34		340.84		10.02	.400	42.61	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	2	15	\$	342.30	\$	22.82	.176	171.15	\$
HOSPITAL BASED	2	15		342.30		22.82	.176	171.15	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	21	54	\$	1,248.71	\$	23.12	.635	59.46	\$
PATHOLOGY	21	54		1,248.71		23.12	.635	59.46	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	42	66	\$	8,363.71	\$	126.72	.776	199.14	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	42	66		8,363.71		126.72	.776	199.14	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	7	56	\$ 865.96	\$ 15.46	.659	\$ 123.71	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	8	66.56	8.32	.094	22.19	
PHYSICAL THERAPIST	3	44	658.73	14.97	.518	219.58	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	4	140.67	35.17	.047	70.34
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	PER ELIG USER	- C F
@TOTAL, ALL PROVIDERS	13	38	\$ 2,698.52	\$ 71.01	.809	\$ 207.58	\$
@PHYSICIANS SERVICES	5	13	\$ 444.25	\$ 34.17	.277	\$ 88.85	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	5	13		444.25	34.17	.277	88.85
@PHARMACY	0	0	\$	.00	\$	.00	\$
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	0	0		.00	.00	.000	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	0	0	\$	.00	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 80			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@OPTOMETRIST	0	0	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	.00	\$ .00	.000	\$ .00	\$

PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	7	15	\$	2,082.20	\$	138.81	.319	\$	297.46	\$
HOSP INPATIENT TOTAL	3	0		1,789.20		.00	.000		596.40	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	3	0		1,789.20		.00	.000		596.40	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4	15		293.00		19.53	.319		73.25	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	4	15		293.00		19.53	.319		73.25	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	7	15	\$ 2,082.20	\$ 138.81	.319	\$ 297.46	\$
COMM HOSP INPATIENT TOTAL	3	0	1,789.20	.00	.000	596.40	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	1,789.20	.00	.000	596.40	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	



COMM HOSP OUTPATIENT TOTAL	4	15		293.00	19.53	.319	73.25	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	15		293.00	19.53	.319	73.25	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	51.00	\$ 25.50	.043	\$ 25.50	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	2	2		51.00	25.50	.043	25.50	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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DEL NORTE COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	4	8	\$ 121.07	\$ 15.13	.170	\$ 30.27	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	4	8	121.07	15.13	.170	30.27
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	13	39	\$ 2,698.52	\$ 69.19	.830	\$ 207.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

470 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	160	483	\$ 29,724.16	\$ 61.54	1.028	\$ 185.78	\$
@PHYSICIANS SERVICES	25	37	\$ 1,857.97	\$ 50.22	.079	\$ 74.32	\$
OUTPATIENT VISITS	4	4	127.86	31.97	.009	31.97	
OFFICE VISITS	4	4	127.86	31.97	.009	31.97	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	66.89	66.89	.002	66.89	
EXAMINATIONS	1	1	66.89	66.89	.002	66.89	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	9	1,450.01	161.11	.019	362.50	
PRINCIPAL SURGEON	4	5	1,283.25	256.65	.011	320.81	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4	166.76	41.69	.009	166.76	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	2.10	2.10	.002	2.10	
RADIOLOGY	17	21	194.46	9.26	.045	11.44	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1	16.65	16.65	.002	16.65	

@PHARMACY	64	111	\$	2,882.54	\$	25.97	.236	\$	45.04	\$	
PRESCRIPTION DRUGS	64	111		2,882.54		25.97	.236		45.04		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	64	111		2,882.54		25.97	.236		45.04		
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		
ORAL SURGERY	0	0		.00		.00	.000		.00		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	0	0		.00		.00	.000		.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM										
	AID CODES 72 74 8N 8P										

	470 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@OPTOMETRIST	1	1	\$	8.01	\$ 8.01	.002	\$ 8.01	\$
DIAGNOSTIC AND ANC. PROCED	1	1		8.01	8.01	.002	8.01	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00
NURSE ANESTHESIST	1	6	\$	143.70	23.95	.013	143.70
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
@TOTAL HOSPITAL	37	182	\$	10,607.64	58.28	.387	286.69
HOSP INPATIENT TOTAL	2	3		5,076.24	1692.08	.006	2538.12
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	2	3		5,076.24	1692.08	.006	2538.12
ACCOMMODATIONS	2	3		1,946.16	648.72	.006	973.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	2	3		1,946.16	648.72	.006	973.08
ANCILLARIES	2	0		3,130.08	.00	.000	1565.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	36	179		5,531.40	30.90	.381	153.65
MEDICAL	24	35		2,222.26	63.49	.074	92.59
SURGERY	5	7		413.45	59.06	.015	82.69
PATHOLOGY	15	44		477.26	10.85	.094	31.82
RADIOLOGY	12	14		279.69	19.98	.030	23.31
ROOM USE	25	37		1,410.58	38.12	.079	56.42
CROSSOVERS/ALL OTH OUTPTNT	21	42		728.16	17.34	.089	34.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

470 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	37	182	\$ 10,607.64	\$ 58.28	.387	\$ 286.69	\$
COMM HOSP INPATIENT TOTAL	2	3	5,076.24	1692.08	.006	2538.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	3	5,076.24	1692.08	.006	2538.12	
ACCOMMODATIONS	2	3	1,946.16	648.72	.006	973.08	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	2	3		1,946.16	648.72	.006	973.08
ANCILLARIES	2	0		3,130.08	.00	.000	1565.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	36	179		5,531.40	30.90	.381	153.65
MEDICAL	24	35		2,222.26	63.49	.074	92.59
SURGERY	5	7		413.45	59.06	.015	82.69
PATHOLOGY	15	44		477.26	10.85	.094	31.82
RADIOLOGY	12	14		279.69	19.98	.030	23.31
ROOM USE	25	37		1,410.58	38.12	.079	56.42
CROSSOVERS/ALL OTH OUTPTNT	21	42		728.16	17.34	.089	34.67
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	8	8	\$	93.18	11.65	.017	11.65
PATHOLOGY	8	8		93.18	11.65	.017	11.65
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	90	124	\$	13,604.82	109.72	.264	151.16
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	90	124		13,604.82	109.72	.264	151.16

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

470 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	5	14	\$ 526.30	\$ 37.59	.030	\$ 105.26	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	5	151.25	30.25	.011	151.25	
AMBULANCES/AIR TRANS	1	5	151.25	30.25	.011	151.25	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	21.54	10.77	.004	21.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	3	7	353.51	50.50	.015	117.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	3	15	\$ 1,327.59	\$ 88.51	.032	\$ 442.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	
	AID CODES 7A 7C 8R 8T	

398 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	178	686	\$ 43,137.56	\$ 62.88	1.724	\$ 242.35	\$
@PHYSICIANS SERVICES	35	64	\$ 1,092.36	\$ 17.07	.161	\$ 31.21	\$
OUTPATIENT VISITS	5	7	201.08	28.73	.018	40.22	
OFFICE VISITS	5	7	201.08	28.73	.018	40.22	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	3	3	200.12	66.71	.008	66.71	
PRINCIPAL SURGEON	3	3	200.12	66.71	.008	66.71	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	29	50		616.85	12.34	.126	21.27
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	4		74.31	18.58	.010	74.31
@PHARMACY	80	158	\$	6,571.40	\$ 41.59	.397	\$ 82.14 \$
PRESCRIPTION DRUGS	80	158		6,571.40	41.59	.397	82.14
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	80	158		6,571.40	41.59	.397	82.14
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	2	8	\$	232.00	\$ 29.00	.020	\$ 116.00 \$
VISITS - DIAGNOSTIC	2	5		108.00	21.60	.013	54.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1		39.00	39.00	.003	39.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.003	50.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.003	35.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
				AID CODES 7A 7C 8R 8T			
398 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	4	10	\$	207.79	\$ 20.78	.025	\$ 51.95 \$
DIAGNOSTIC AND ANC. PROCED	4	7		164.94	23.56	.018	41.24
EYE APPLIANCES	1	3		42.85	14.28	.008	42.85
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00 \$
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	1	1	\$	62.41	\$ 62.41	.003	\$ 62.41 \$
MEDICINE/INJECTIONS	1	1		62.41	62.41	.003	62.41
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
NURSE ANESTHESIST	2	6	\$	123.75	\$ 20.63	.015	\$ 61.88 \$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
@TOTAL HOSPITAL	44	259	\$	21,555.37	\$ 83.23	.651	\$ 489.89 \$
HOSP INPATIENT TOTAL	1	4		12,997.71	3249.43	.010	12997.71
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	4		12,997.71	3249.43	.010	12997.71
ACCOMMODATIONS	1	4		3,054.92	763.73	.010	3054.92
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00

ALL OTHER ACCOM	1	4	3,054.92	763.73	.010	3054.92
ANCILLARIES	1	0	9,942.79	.00	.000	9942.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	43	255	8,557.66	33.56	.641	199.02
MEDICAL	24	38	2,318.89	61.02	.095	96.62
SURGERY	16	22	1,412.42	64.20	.055	88.28
PATHOLOGY	10	48	548.70	11.43	.121	54.87
RADIOLOGY	25	37	1,090.58	29.48	.093	43.62
ROOM USE	31	54	1,958.55	36.27	.136	63.18
CROSSOVERS/ALL OTH OUTPTNT	25	56	1,228.52	21.94	.141	49.14
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM					
			AID CODES 7A 7C 8R 8T			
			----- MONTHLY AVERAGE -			
398 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@COMMUNITY HOSPITAL TOTAL	44	259	\$ 21,555.37	\$ 83.23	.651	\$ 489.89



COMM HOSP INPATIENT TOTAL	1	4		12,997.71	3249.43	.010	12997.71	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	4		12,997.71	3249.43	.010	12997.71	
ACCOMMODATIONS	1	4		3,054.92	763.73	.010	3054.92	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	1	4		3,054.92	763.73	.010	3054.92	
ANCILLARIES	1	0		9,942.79	.00	.000	9942.79	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	43	255		8,557.66	33.56	.641	199.02	
MEDICAL	24	38		2,318.89	61.02	.095	96.62	
SURGERY	16	22		1,412.42	64.20	.055	88.28	
PATHOLOGY	10	48		548.70	11.43	.121	54.87	
RADIOLOGY	25	37		1,090.58	29.48	.093	43.62	
ROOM USE	31	54		1,958.55	36.27	.136	63.18	
CROSSOVERS/ALL OTH OUTPTNT	25	56		1,228.52	21.94	.141	49.14	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	7	26	\$	473.87	18.23	.065	67.70	\$
PATHOLOGY	7	26		473.87	18.23	.065	67.70	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	82	111	\$	11,866.74	106.91	.279	144.72	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	82	111		11,866.74	106.91	.279	144.72	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
					AID CODES 7A 7C 8R 8T			
						----- MONTHLY AVERAGE -		
398 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	12	43	\$	951.87	\$ 22.14	.108	\$ 79.32	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	

MEDICAL TRANSPORTATION	3	6	250.60	41.77	.015	83.53
AMBULANCES/AIR TRANS	3	6	250.60	41.77	.015	83.53
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	16.64	8.32	.005	16.64
PHYSICAL THERAPIST	4	19	287.29	15.12	.048	71.82
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	1	1	50.91	50.91	.003	50.91
PROSTHETICS	1	1	50.91	50.91	.003	50.91
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	1	3	122.13	40.71	.008	122.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	2	11	119.30	10.85	.028	59.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	2	2	\$ 316.11	\$ 158.06	.000	\$ 158.06	\$
@PHYSICIANS SERVICES	2	2	\$ 316.11	\$ 158.06	.000	\$ 158.06	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

OUTPATIENT SURGERY	1	1	253.16	253.16	.000	253.16
PRINCIPAL SURGEON	1	1	253.16	253.16	.000	253.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	1	1	62.95	62.95	.000	62.95
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G					

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	

RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G					
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		

SERVICES AND MATERIALS	0	0		.00		.00	.000		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
DIALYSIS	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
PSYCHIATRY	0	0		.00		.00	.000		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00
SNF/ICF	0	0		.00		.00	.000		.00
OUTPATIENTS	0	0		.00		.00	.000		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00 \$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00
ORAL SURGERY	0	0		.00		.00	.000		.00
DRUGS	0	0		.00		.00	.000		.00
ANESTHESIA	0	0		.00		.00	.000		.00
PERIODONTICS	0	0		.00		.00	.000		.00
ENDODONTICS	0	0		.00		.00	.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00
PROSTHETICS	0	0		.00		.00	.000		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE 7H
							----- MONTHLY AVERAGE -				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER				
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER				
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		



ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	

OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@TOTAL, ALL PROVIDERS	65	622 \$	45,339.98	\$ 72.89	7.679	\$ 697.54	\$
@PHYSICIANS SERVICES	17	40 \$	1,556.77	\$ 38.92	.494	\$ 91.57	\$
OUTPATIENT VISITS	2	2	145.65	72.83	.025	72.83	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.012	44.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	101.05	101.05	.012	101.05	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	

HOSPITAL VISITS	0	0		.00	.00	.000	.00
CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00
EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	3	5		650.26	130.05	.062	216.75
PRINCIPAL SURGEON	3	4		601.81	150.45	.049	200.60
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	1	1		48.45	48.45	.012	48.45
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	1	3		11.76	3.92	.037	11.76
RADIOLOGY	15	18		664.91	36.94	.222	44.33
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	3	6		44.70	7.45	.074	14.90
OTHER SERVICES/ALL X-OVERS	1	6		39.49	6.58	.074	39.49
@PHARMACY	14	22	\$	508.57	\$ 23.12	.272	\$ 36.33 \$
PRESCRIPTION DRUGS	14	22		508.57	23.12	.272	36.33
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	14	22		508.57	23.12	.272	36.33
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00 \$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	

SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	3	17	\$ 394.01	\$ 23.18	.210	\$ 131.34
NURSE MIDWIFE	4	8	\$ 1,318.38	\$ 164.80	.099	\$ 329.60
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	44	486	\$ 38,397.05	\$ 79.01	6.000	\$ 872.66
HOSP INPATIENT TOTAL	6	21	26,965.85	1284.09	.259	4494.31
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	6	21	26,965.85	1284.09	.259	4494.31
ACCOMMODATIONS	6	21	11,643.04	554.43	.259	1940.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	6	21	11,643.04	554.43	.259	1940.51
ANCILLARIES	6	0	15,322.81	.00	.000	2553.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	43	465	11,431.20	24.58	5.741	265.84
MEDICAL	10	10	766.07	76.61	.123	76.61
SURGERY	6	8	199.46	24.93	.099	33.24
PATHOLOGY	19	104	1,220.62	11.74	1.284	64.24
RADIOLOGY	6	7	468.08	66.87	.086	78.01
ROOM USE	35	74	2,622.42	35.44	.914	74.93
CROSSOVERS/ALL OTH OUTPTNT	34	262	6,154.55	23.49	3.235	181.02
@COUNTY HOSPITAL TOTAL	3	19	\$ 517.26	\$ 27.22	.235	\$ 172.42
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	3	19	517.26	27.22	.235	172.42
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	2	3	61.68	20.56	.037	30.84
PATHOLOGY	2	7	172.43	24.63	.086	86.22
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	1	4	240.50	60.13	.049	240.50
CROSSOVERS/ALL OTH OUTPTNT	2	5	42.65	8.53	.062	21.33

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	41	467	\$ 37,879.79	\$ 81.11	5.765	\$ 923.90	\$
COMM HOSP INPATIENT TOTAL	6	21	26,965.85	1284.09	.259	4494.31	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	6	21	26,965.85	1284.09	.259	4494.31	
ACCOMMODATIONS	6	21	11,643.04	554.43	.259	1940.51	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	6	21	11,643.04	554.43	.259	1940.51
ANCILLARIES	6	0	15,322.81	.00	.000	2553.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	40	446	10,913.94	24.47	5.506	272.85
MEDICAL	10	10	766.07	76.61	.123	76.61
SURGERY	4	5	137.78	27.56	.062	34.45
PATHOLOGY	17	97	1,048.19	10.81	1.198	61.66
RADIOLOGY	6	7	468.08	66.87	.086	78.01
ROOM USE	34	70	2,381.92	34.03	.864	70.06
CROSSOVERS/ALL OTH OUTPTNT	32	257	6,111.90	23.78	3.173	191.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	3	7	\$ 177.81	\$ 25.40	.086	\$ 59.27
PATHOLOGY	3	7	177.81	25.40	.086	59.27
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	14	39	\$ 2,672.39	\$ 68.52	.481	\$ 190.89
CLINIC	5	24	993.51	41.40	.296	198.70
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	9	15	1,678.88	111.93	.185	186.54

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	3	3	\$ 315.00	\$ 105.00	.037	\$ 105.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	

ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.037	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
@TOTAL, ALL PROVIDERS	436	1,458	\$ 108,425.21	\$ 74.37	2.107	\$ 248.68	\$
@PHYSICIANS SERVICES	59	120	\$ 5,940.04	\$ 49.50	.173	\$ 100.68	\$
OUTPATIENT VISITS	23	30	1,186.74	39.56	.043	51.60	
OFFICE VISITS	18	21	637.84	30.37	.030	35.44	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	3	3	157.55	52.52	.004	52.52	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	5	375.55	75.11	.007	375.55	
OTHER OUTPATIENT	1	1	15.80	15.80	.001	15.80	
INPATIENT VISITS	2	23	2,776.02	120.70	.033	1388.01	
HOSPITAL VISITS	1	3	85.02	28.34	.004	85.02	
CRITICAL CARE	1	20	2,691.00	134.55	.029	2691.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.001	544.28	
PRINCIPAL SURGEON	1	1	544.28	544.28	.001	544.28	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	5	171.02	34.20	.007	42.76	
PRINCIPAL SURGEON	4	5	171.02	34.20	.007	42.76	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	6	12	180.42	15.04	.017	30.07
RADIOLOGY	28	35	663.99	18.97	.051	23.71
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	8	14	417.57	29.83	.020	52.20
@PHARMACY	197	399	\$ 18,990.16	\$ 47.59	.577	\$ 96.40
PRESCRIPTION DRUGS	197	398	18,978.11	47.68	.575	96.34
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	197	398	18,978.11	47.68	.575	96.34
MEDICAL SUPPLIES	1	1	12.05	12.05	.001	12.05
@DENTIST	8	62	\$ 1,213.00	\$ 19.56	.090	\$ 151.63
VISITS - DIAGNOSTIC	7	47	463.00	9.85	.068	66.14
ORAL SURGERY	2	10	715.00	71.50	.014	357.50
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	1	1	.00	.00	.001	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	2	.00	.00	.003	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.001	35.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES					
				AID CODE 38		
					----- MONTHLY AVERAGE -	
692 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	13	35	\$ 666.34	\$ 19.04	.051	\$ 51.26
DIAGNOSTIC AND ANC. PROCED	7	11	308.12	28.01	.016	44.02
EYE APPLIANCES	9	24	358.22	14.93	.035	39.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00

@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.004	\$	25.08	\$
VISITS	2	3		50.16		16.72	.004		25.08	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	3	13	\$	247.70	\$	19.05	.019	\$	82.57	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	77	383	\$	48,403.92	\$	126.38	.553	\$	628.62	\$
HOSP INPATIENT TOTAL	3	33		37,412.87		1133.72	.048		12470.96	
HSC HOSPITALS	1	1		1,709.00		1709.00	.001		1709.00	
NON-HSC HOSPITAL TOTAL	2	32		35,703.87		1115.75	.046		17851.94	
ACCOMMODATIONS	2	32		34,385.36		1074.54	.046		17192.68	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	32		34,385.36		1074.54	.046		17192.68	
ANCILLARIES	2	0		1,318.51		.00	.000		659.26	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	75	350		10,991.05		31.40	.506		146.55	
MEDICAL	45	60		3,602.36		60.04	.087		80.05	
SURGERY	8	11		582.51		52.96	.016		72.81	
PATHOLOGY	28	98		1,243.54		12.69	.142		44.41	
RADIOLOGY	29	41		2,004.61		48.89	.059		69.12	
ROOM USE	57	65		2,355.33		36.24	.094		41.32	
CROSSOVERS/ALL OTH OUTPTNT	38	75		1,202.70		16.04	.108		31.65	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
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@COMMUNITY HOSPITAL TOTAL	77	383	\$	48,403.92	\$	126.38	.553	\$	628.62	\$
COMM HOSP INPATIENT TOTAL	3	33		37,412.87		1133.72	.048		12470.96	
HSC HOSPITALS	1	1		1,709.00		1709.00	.001		1709.00	
NON-HSC HOSPITALS TOTAL	2	32		35,703.87		1115.75	.046		17851.94	
ACCOMMODATIONS	2	32		34,385.36		1074.54	.046		17192.68	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	32		34,385.36		1074.54	.046		17192.68	
ANCILLARIES	2	0		1,318.51		.00	.000		659.26	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	75	350		10,991.05		31.40	.506		146.55	
MEDICAL	45	60		3,602.36		60.04	.087		80.05	
SURGERY	8	11		582.51		52.96	.016		72.81	
PATHOLOGY	28	98		1,243.54		12.69	.142		44.41	
RADIOLOGY	29	41		2,004.61		48.89	.059		69.12	
ROOM USE	57	65		2,355.33		36.24	.094		41.32	
CROSSOVERS/ALL OTH OUTPTNT	38	75		1,202.70		16.04	.108		31.65	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	25	65	\$	1,185.16	\$	18.23	.094	\$	47.41	\$
PATHOLOGY	25	65		1,185.16		18.23	.094		47.41	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	176	224	\$	26,952.44	\$	120.32	.324	\$	153.14	\$
CLINIC	5	16		284.20		17.76	.023		56.84	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	171	208		26,668.24		128.21	.301		155.95	
#CALIF DEPT OF HEALTH SERV										PA
MOP024										
DEL NORTE COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	22		154	\$ 4,776.29	\$ 31.01	.223	\$ 217.10	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	
BLOOD BANK	0		0	.00	.00	.000	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	2	85	3,832.73	45.09	.123	1916.37
AMBULANCES/AIR TRANS	2	83	1,282.73	15.45	.120	641.37
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.003	1275.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	8	16	132.40	8.28	.023	16.55
PHYSICAL THERAPIST	2	27	399.49	14.80	.039	199.75
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	9	25	306.67	12.27	.036	34.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	2	21	\$ 23,646.97	\$ 1126.05	.030	\$ 11823.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	43	667	\$ 9,263.94	\$ 13.89	9.809	\$ 215.44	\$
@PHYSICIANS SERVICES	3	3	\$ 84.66	\$ 28.22	.044	\$ 28.22	\$
OUTPATIENT VISITS	1	1	62.41	62.41	.015	62.41	
OFFICE VISITS	1	1	62.41	62.41	.015	62.41	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
DIALYSIS	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	2	2		22.25		11.13	.029	11.13
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00
@PHARMACY	24	456	\$	4,540.24	\$	9.96	6.706	\$ 189.18
PRESCRIPTION DRUGS	24	72		4,345.64		60.36	1.059	181.07
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	24	72		4,345.64		60.36	1.059	181.07
MEDICAL SUPPLIES	2	384		194.60		.51	5.647	97.30
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS    COST PER PER ELIG    USER	C E	
@OPTOMETRIST	1	4	\$ 53.61	\$ 13.40	.059	\$ 53.61	\$
DIAGNOSTIC AND ANC. PROCED	1	1	.50	.50	.015	.50	
EYE APPLIANCES	1	3	53.11	17.70	.044	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	2	3	\$ 104.22	\$ 34.74	.044	\$ 52.11	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.015	57.20	
SURGERY/ANES.	1	2	47.02	23.51	.029	47.02	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	7	17	\$ 275.00	\$ 16.18	.250	\$ 39.29	\$

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	7	17	275.00	16.18	.250	39.29
MEDICAL	1	1	63.97	63.97	.015	63.97
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	3	7	86.73	12.39	.103	28.91
RADIOLOGY	1	1	17.73	17.73	.015	17.73
ROOM USE	2	2	68.20	34.10	.029	34.10
CROSSOVERS/ALL OTH OUTPTNT	2	6	38.37	6.40	.088	19.19
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV						

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@COMMUNITY HOSPITAL TOTAL	7	17	\$ 275.00	\$ 16.18	.250	\$ 39.29	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7	17	275.00	16.18	.250	39.29	
MEDICAL	1	1	63.97	63.97	.015	63.97	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	7	86.73	12.39	.103	28.91	
RADIOLOGY	1	1	17.73	17.73	.015	17.73	
ROOM USE	2	2	68.20	34.10	.029	34.10	
CROSSOVERS/ALL OTH OUTPTNT	2	6	38.37	6.40	.088	19.19	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	2	8	\$ 140.18	\$ 17.52	.118	\$ 70.09	\$
PATHOLOGY	2	8	140.18	17.52	.118	70.09	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	17	22	\$ 2,408.89	\$ 109.50	.324	\$ 141.70	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	17	22	2,408.89	109.50	.324	141.70	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	8	154	\$ 1,657.14	\$ 10.76	2.265	\$ 207.14	\$
DURABLE MED. EQUIP.	1	6	470.16	78.36	.088	470.16	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	8	66.53	8.32	.118	22.18	
PHYSICAL THERAPIST	2	30	349.10	11.64	.441	174.55	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3	110	771.35	7.01	1.618	257.12	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	1	6	\$ 470.16	\$ 78.36	.088	\$ 470.16	\$
@XOVER EXCLUDING STATE HOSP**	2	6	\$ 38.37	\$ 6.40	.088	\$ 19.19	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	33	1,878	\$ 17,367.53	\$ 9.25	89.429	\$ 526.29	\$
@PHYSICIANS SERVICES	1	2	\$ 15.53	\$ 7.77	.095	\$ 15.53	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	

EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	2		15.53	7.77	.095	15.53
@PHARMACY	22	66	\$	4,623.77	\$ 70.06	3.143	\$ 210.17
PRESCRIPTION DRUGS	21	60		4,512.72	75.21	2.857	214.89
SNF/ICF	7	29		2,182.33	75.25	1.381	311.76
OUTPATIENTS	14	31		2,330.39	75.17	1.476	166.46
MEDICAL SUPPLIES	2	6		111.05	18.51	.286	55.53
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024							
FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY							
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED							
AID CODE 1E							
----- MONTHLY AVERAGE -							
21 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00

NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED									
	AID CODE 1E									

	21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00
ANCILLARIES	0	0		.00	.00	.000		.00



INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	6	105	\$	12,249.16	\$	116.66	5.000	\$ 2041.53 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	6	105		12,249.16		116.66	5.000	2041.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	78.60	\$	26.20	.143	\$ 39.30 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00

RURAL HEALTH CLINIC	2	3	78.60	26.20	.143	39.30	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						
	AID CODE 1E						

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	6	1,702	\$ 400.47	\$ .24	81.048	\$ 66.75	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	54	102.90	1.91	2.571	102.90	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	1	54	102.90	1.91	2.571	102.90	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	5	1,648	297.57	.18	78.476	59.51	
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	\$
@XOVER EXCLUDING STATE HOSP**	6	24	\$ 239.58	\$ 9.98	1.143	\$ 39.93	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						
	AID CODE 2E						

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	

INPATIENT VISITS	0	0		.00	.00	.000	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00
CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00
EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$ .00 \$
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	0	0		.00	.00	.000	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	0	0	\$	.00	\$	.000	\$ .00 \$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						

						----- MONTHLY AVERAGE -			
01 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		
@OPTOMETRIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$	
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00		
EYE APPLIANCES	0		0	.00	.00	.000	.00		
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00		
@CHIROPRACTOR	0		0 \$	.00	\$ .00	.000	\$ .00	\$	
VISITS	0		0	.00	.00	.000	.00		
OTHER SERVICES	0		0	.00	.00	.000	.00		
@PODIATRIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$	

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		
SURGERY/ANES.	0	0		.00		.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		
OTHER	0	0		.00		.00	.000	.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND									AID CODE 2E
----- MONTHLY AVERAGE -----										
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER			
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	

ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	

OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS    COST PER	C
					PER ELIG    USER	E
@TOTAL, ALL PROVIDERS	185	2,112	\$ 61,900.43	\$ 29.31	19.027    \$ 334.60	\$
@PHYSICIANS SERVICES	22	45	\$ 1,292.81	\$ 28.73	.405    \$ 58.76	\$
OUTPATIENT VISITS	5	7	228.20	32.60	.063    45.64	
OFFICE VISITS	5	7	228.20	32.60	.063    45.64	

HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	5	189.25	37.85	.045	63.08	
HOSPITAL VISITS	3	5	189.25	37.85	.045	63.08	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.009	38.43	
EXAMINATIONS	1	1	38.43	38.43	.009	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	275.32	275.32	.009	275.32	
PRINCIPAL SURGEON	1	1	275.32	275.32	.009	275.32	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	4	5	18.07	3.61	.045	4.52	
RADIOLOGY	11	19	463.37	24.39	.171	42.12	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	7	80.17	11.45	.063	20.04	
@PHARMACY	124	798	\$ 41,444.08	\$ 51.93	7.189	\$ 334.23	\$
PRESCRIPTION DRUGS	121	406	40,747.00	100.36	3.658	336.75	
SNF/ICF	4	16	1,231.52	76.97	.144	307.88	
OUTPATIENTS	117	390	39,515.48	101.32	3.514	337.74	
MEDICAL SUPPLIES	6	392	697.08	1.78	3.532	116.18	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E						
111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	5	\$ 100.56	\$ 20.11	.045	\$ 100.56	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.018	47.45	
EYE APPLIANCES	1	3	53.11	17.70	.027	53.11	

OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.009	\$ 16.72 \$
VISITS	1	1		16.72	16.72	.009	16.72
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	1	1	\$	25.27	\$ 25.27	.009	\$ 25.27 \$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	1	1		25.27	25.27	.009	25.27
@HOME HEALTH AGENCY	1	6	\$	303.35	\$ 50.56	.054	\$ 303.35 \$
NURSE ANESTHESIST	1	5	\$	73.94	\$ 14.79	.045	\$ 73.94 \$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
@TOTAL HOSPITAL	23	140	\$	9,435.32	\$ 67.40	1.261	\$ 410.23 \$
HOSP INPATIENT TOTAL	1	5		6,033.68	1206.74	.045	6033.68
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	5		6,033.68	1206.74	.045	6033.68
ACCOMMODATIONS	1	5		2,755.36	551.07	.045	2755.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	1	5		2,755.36	551.07	.045	2755.36
ANCILLARIES	1	0		3,278.32	.00	.000	3278.32
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	22	135		3,401.64	25.20	1.216	154.62
MEDICAL	9	15		909.14	60.61	.135	101.02
SURGERY	2	2		101.10	50.55	.018	50.55
PATHOLOGY	16	73		843.92	11.56	.658	52.75
RADIOLOGY	5	11		520.10	47.28	.099	104.02
ROOM USE	6	10		461.76	46.18	.090	76.96
CROSSOVERS/ALL OTH OUTPTNT	11	24		565.62	23.57	.216	51.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E						

111 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
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----- MONTHLY AVERAGE -



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	
@COMMUNITY HOSPITAL TOTAL	23	140	\$	9,435.32	\$ 67.40	1.261	\$ 410.23	\$	
COMM HOSP INPATIENT TOTAL	1	5		6,033.68	1206.74	.045	6033.68		
HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	1	5		6,033.68	1206.74	.045	6033.68		
ACCOMMODATIONS	1	5		2,755.36	551.07	.045	2755.36		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	1	5		2,755.36	551.07	.045	2755.36		
ANCILLARIES	1	0		3,278.32	.00	.000	3278.32		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	22	135		3,401.64	25.20	1.216	154.62		
MEDICAL	9	15		909.14	60.61	.135	101.02		
SURGERY	2	2		101.10	50.55	.018	50.55		
PATHOLOGY	16	73		843.92	11.56	.658	52.75		
RADIOLOGY	5	11		520.10	47.28	.099	104.02		
ROOM USE	6	10		461.76	46.18	.090	76.96		
CROSSOVERS/ALL OTH OUTPTNT	11	24		565.62	23.57	.216	51.42		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	2	28	\$	3,550.40	\$ 126.80	.252	\$ 1775.20	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
LEV B-REGULAR	2	28		3,550.40	126.80	.252	1775.20		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
ICF DDH	0	0		.00	.00	.000	.00		
ICF DD	0	0		.00	.00	.000	.00		
ICF DDN/DDCN	0	0		.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		
@LABORATORY FACILITY	2	8	\$	97.16	\$ 12.15	.072	\$ 48.58	\$	
PATHOLOGY	2	8		97.16	12.15	.072	48.58		
XO AND OTHERS	0	0		.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	28	40	\$	4,038.17	\$ 100.95	.360	\$ 144.22	\$	
CLINIC	0	0		.00	.00	.000	.00		
SURGICENTER	0	0		.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		
RURAL HEALTH CLINIC	28	40		4,038.17	100.95	.360	144.22		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY				SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E					

	111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	19		1,035	\$ 1,522.65	\$ 1.47	9.324	\$ 80.14	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	2	6	154.80	25.80	.054	77.40
AMBULANCES/AIR TRANS	2	6	154.80	25.80	.054	77.40
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	6	59.33	9.89	.054	19.78
PHYSICAL THERAPIST	1	2	51.88	25.94	.018	51.88
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	3	79	648.85	8.21	.712	216.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	12	942	607.79	.65	8.486	50.65
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	14	42	\$ 581.53	\$ 13.85	.378	\$ 41.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	218	3,990	\$ 79,267.96	\$ 19.87	30.000	\$ 363.61	\$
@PHYSICIANS SERVICES	23	47	\$ 1,308.34	\$ 27.84	.353	\$ 56.88	\$
OUTPATIENT VISITS	5	7	228.20	32.60	.053	45.64	
OFFICE VISITS	5	7	228.20	32.60	.053	45.64	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	5	189.25	37.85	.038	63.08	
HOSPITAL VISITS	3	5	189.25	37.85	.038	63.08	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.008	38.43	
EXAMINATIONS	1	1	38.43	38.43	.008	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	1	1		275.32	275.32	.008	275.32
PRINCIPAL SURGEON	1	1		275.32	275.32	.008	275.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	4	5		18.07	3.61	.038	4.52
RADIOLOGY	11	19		463.37	24.39	.143	42.12
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	5	9		95.70	10.63	.068	19.14
@PHARMACY	146	864	\$	46,067.85	\$ 53.32	6.496	\$ 315.53
PRESCRIPTION DRUGS	142	466		45,259.72	97.12	3.504	318.73
SNF/ICF	11	45		3,413.85	75.86	.338	310.35
OUTPATIENTS	131	421		41,845.87	99.40	3.165	319.43
MEDICAL SUPPLIES	8	398		808.13	2.03	2.992	101.02
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	5	\$ 100.56	\$ 20.11	.038	\$ 100.56	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.015	47.45	
EYE APPLIANCES	1	3	53.11	17.70	.023	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.008	\$ 16.72	\$
VISITS	1	1	16.72	16.72	.008	16.72	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 25.27	\$ 25.27	.008	\$ 25.27	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	25.27	25.27	.008	25.27	
@HOME HEALTH AGENCY	1	6	\$ 303.35	\$ 50.56	.045	\$ 303.35	\$
NURSE ANESTHESIST	1	5	\$ 73.94	\$ 14.79	.038	\$ 73.94	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	23	140	\$ 9,435.32	\$ 67.40	1.053	\$ 410.23	\$
HOSP INPATIENT TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
ACCOMMODATIONS	1	5	2,755.36	551.07	.038	2755.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	5	2,755.36	551.07	.038	2755.36	
ANCILLARIES	1	0	3,278.32	.00	.000	3278.32	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	22	135	3,401.64	25.20	1.015	154.62	
MEDICAL	9	15	909.14	60.61	.113	101.02	
SURGERY	2	2	101.10	50.55	.015	50.55	
PATHOLOGY	16	73	843.92	11.56	.549	52.75	
RADIOLOGY	5	11	520.10	47.28	.083	104.02	
ROOM USE	6	10	461.76	46.18	.075	76.96	
CROSSOVERS/ALL OTH OUTPTNT	11	24	565.62	23.57	.180	51.42	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	23	140	\$ 9,435.32	\$ 67.40	1.053	\$ 410.23	\$
COMM HOSP INPATIENT TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
ACCOMMODATIONS	1	5	2,755.36	551.07	.038	2755.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	5	2,755.36	551.07	.038	2755.36	
ANCILLARIES	1	0	3,278.32	.00	.000	3278.32	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	22	135	3,401.64	25.20	1.015	154.62	
MEDICAL	9	15	909.14	60.61	.113	101.02	
SURGERY	2	2	101.10	50.55	.015	50.55	
PATHOLOGY	16	73	843.92	11.56	.549	52.75	
RADIOLOGY	5	11	520.10	47.28	.083	104.02	
ROOM USE	6	10	461.76	46.18	.075	76.96	
CROSSOVERS/ALL OTH OUTPTNT	11	24	565.62	23.57	.180	51.42	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	8	133	\$ 15,799.56	\$ 118.79	1.000	\$ 1974.95	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	8	133	15,799.56	118.79	1.000	1974.95	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	2	8	\$ 97.16	\$ 12.15	.060	\$ 48.58	\$
PATHOLOGY	2	8	97.16	12.15	.060	48.58	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	30	43	\$ 4,116.77	\$ 95.74	.323	\$ 137.23	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	30	43	4,116.77	95.74	.323	137.23	

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	25	2,737	\$ 1,923.12	\$ .70	20.579	\$ 76.92	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	60	257.70	4.30	.451	85.90	
AMBULANCES/AIR TRANS	2	6	154.80	25.80	.045	77.40	
OTHER TRANS	1	54	102.90	1.91	.406	102.90	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	59.33	9.89	.045	19.78	
PHYSICAL THERAPIST	1	2	51.88	25.94	.015	51.88	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3	79	648.85	8.21	.594	216.28	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	17	2,590	905.36	.35	19.474	53.26	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	20	66	\$ 821.11	\$ 12.44	.496	\$ 41.06	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED						

91,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	64,372	790,433	\$ 29,143,719.02	\$ 36.87	8.641	\$ 452.74	\$
@PHYSICIANS SERVICES	11,311	27,596	\$ 1,024,508.34	\$ 37.13	.302	\$ 90.58	\$
OUTPATIENT VISITS	2,423	3,111	120,818.47	38.84	.034	49.86	
OFFICE VISITS	2,026	2,497	91,098.65	36.48	.027	44.96	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	296	350	19,969.24	57.05	.004	67.46	
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	54	176	6,822.10	38.76	.002	126.34	
OTHER OUTPATIENT	82	87	2,873.65	33.03	.001	35.04	
INPATIENT VISITS	293	1,183	93,441.66	78.99	.013	318.91	
HOSPITAL VISITS	239	693	31,689.47	45.73	.008	132.59	
CRITICAL CARE	52	472	61,030.49	129.30	.005	1173.66	
SNF/ICF/TRANS IP CARE	18	18	721.70	40.09	.000	40.09	

OPHTHALMOLOGICAL SERVICES	190	256		9,636.51	37.64	.003	50.72	
EXAMINATIONS	190	256		9,636.51	37.64	.003	50.72	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	259	1,290		133,112.33	103.19	.014	513.95	
PRINCIPAL SURGEON	187	253		110,349.98	436.17	.003	590.11	
ASSISTANT SURGEON	23	23		4,216.85	183.34	.000	183.34	
ANESTHESIOLOGIST	74	1,014		18,545.50	18.29	.011	250.61	
OUTPATIENT SURGERY	738	1,771		167,344.76	94.49	.019	226.75	
PRINCIPAL SURGEON	681	858		153,685.69	179.12	.009	225.68	
ASSISTANT SURGEON	4	4		360.02	90.01	.000	90.01	
ANESTHESIOLOGIST	73	909		13,299.05	14.63	.010	182.18	
DIALYSIS	18	54		4,366.50	80.86	.001	242.58	
PATHOLOGY	563	1,101		19,616.31	17.82	.012	34.84	
RADIOLOGY	5,731	8,920		223,130.97	25.01	.098	38.93	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	107	1,096		61,960.29	56.53	.012	579.07	
OTHER SERVICES/ALL X-OVERS	3,094	8,814		191,080.54	21.68	.096	61.76	
@PHARMACY	37,034	396,142	\$	11,670,537.28	\$ 29.46	4.330	\$ 315.13	\$
PRESCRIPTION DRUGS	36,075	128,707		11,404,573.05	88.61	1.407	316.14	
SNF/ICF	755	6,218		452,741.58	72.81	.068	599.66	
OUTPATIENTS	35,331	122,489		10,951,831.47	89.41	1.339	309.98	
MEDICAL SUPPLIES	2,532	267,435		265,964.23	.99	2.923	105.04	
@DENTIST	775	4,090	\$	175,719.25	\$ 42.96	.045	\$ 226.73	\$
VISITS - DIAGNOSTIC	577	2,130		32,970.00	15.48	.023	57.14	
ORAL SURGERY	173	1,070		64,878.00	60.63	.012	375.02	
DRUGS	7	10		30.00	3.00	.000	4.29	
ANESTHESIA	72	73		6,900.00	94.52	.001	95.83	
PERIODONTICS	12	13		726.00	55.85	.000	60.50	
ENDODONTICS	29	40		4,118.00	102.95	.000	142.00	
RESTORATIVE DENTISTRY	159	504		24,252.50	48.12	.006	152.53	
PROSTHETICS	4	4		105.00	26.25	.000	26.25	
DENTURES, STAYPLATES	95	144		36,106.00	250.74	.002	380.06	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	18	22		1,050.00	47.73	.000	58.33	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	39	44		4,227.50	96.08	.000	108.40	
ALL OTHER SERVICES	38	36		356.25	9.90	.000	9.38	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

	91,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@OPTOMETRIST	1,633	4,629	\$	88,676.44	\$ 19.16	.051	\$ 54.30	\$
DIAGNOSTIC AND ANC. PROCED	1,019	1,623		41,099.06	25.32	.018	40.33	
EYE APPLIANCES	1,080	2,964		46,922.60	15.83	.032	43.45	
OTHER OPTOMETRIC SERVICES	28	42		654.78	15.59	.000	23.39	
@CHIROPRACTOR	502	781	\$	12,957.76	\$ 16.59	.009	\$ 25.81	\$
VISITS	472	734		12,201.42	16.62	.008	25.85	
OTHER SERVICES	30	47		756.34	16.09	.001	25.21	
@PODIATRIST	444	696	\$	15,475.38	\$ 22.23	.008	\$ 34.85	\$
MEDICINE/INJECTIONS	240	300		9,719.90	32.40	.003	40.50	
SURGERY/ANES.	11	16		861.04	53.82	.000	78.28	
RADIO./PATHOLOGY	29	42		731.82	17.42	.000	25.24	
OTHER	193	338		4,162.62	12.32	.004	21.57	

@HOME HEALTH AGENCY	67	916	\$	56,199.97	\$	61.35	.010	\$	838.81	\$
NURSE ANESTHESIST	493	2,628	\$	52,389.41	\$	19.94	.029	\$	106.27	\$
NURSE MIDWIFE	183	406	\$	70,856.44	\$	174.52	.004	\$	387.19	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	5	9	\$	168.56	\$	18.73	.000	\$	33.71	\$
@TOTAL HOSPITAL	14,034	73,907	\$	8,845,063.37	\$	119.68	.808	\$	630.26	\$
HOSP INPATIENT TOTAL	1,113	3,152		6,474,393.24		2054.06	.034		5817.06	
HSC HOSPITALS	62	365		559,951.55		1534.11	.004		9031.48	
NON-HSC HOSPITAL TOTAL	671	2,787		5,664,568.89		2032.50	.030		8441.98	
ACCOMMODATIONS	671	2,787		2,231,929.73		800.84	.030		3326.27	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	671	2,787		2,231,929.73		800.84	.030		3326.27	
ANCILLARIES	670	0		3,432,639.16		.00	.000		5123.34	
INPATIENT CROSSOVERS	386	0		249,872.80		.00	.000		647.34	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	13,524	70,755		2,370,670.13		33.51	.773		175.29	
MEDICAL	5,957	9,467		585,729.56		61.87	.103		98.33	
SURGERY	1,184	1,524		89,583.67		58.78	.017		75.66	
PATHOLOGY	5,051	20,196		250,537.63		12.41	.221		49.60	
RADIOLOGY	4,501	6,427		457,571.32		71.20	.070		101.66	
ROOM USE	7,025	10,853		414,992.22		38.24	.119		59.07	
CROSSOVERS/ALL OTH OUTPTNT	7,094	22,288		572,255.73		25.68	.244		80.67	
@COUNTY HOSPITAL TOTAL	29	110	\$	11,149.47	\$	101.36	.001	\$	384.46	\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00		1160.00	.000		4060.00	
HSC HOSPITALS	2	7		8,120.00		1160.00	.000		4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	27	103		3,029.47		29.41	.001		112.20	
MEDICAL	8	9		420.61		46.73	.000		52.58	



SURGERY	4	7	193.96	27.71	.000	48.49
PATHOLOGY	9	32	554.20	17.32	.000	61.58
RADIOLOGY	3	6	145.77	24.30	.000	48.59
ROOM USE	12	20	898.96	44.95	.000	74.91
CROSSOVERS/ALL OTH OUTPTNT	14	29	815.97	28.14	.000	58.28

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MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

91,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E	
@COMMUNITY HOSPITAL TOTAL	14,011	73,797	\$ 8,833,913.90	\$ 119.71	.807	\$ 630.50	\$
COMM HOSP INPATIENT TOTAL	1,112	3,145	6,466,273.24	2056.05	.034	5814.99	
HSC HOSPITALS	60	358	551,831.55	1541.43	.004	9197.19	
NON-HSC HOSPITALS TOTAL	671	2,787	5,664,568.89	2032.50	.030	8441.98	
ACCOMMODATIONS	671	2,787	2,231,929.73	800.84	.030	3326.27	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	671	2,787	2,231,929.73	800.84	.030	3326.27	
ANCILLARIES	670	0	3,432,639.16	.00	.000	5123.34	
INPATIENT CROSSOVERS	386	0	249,872.80	.00	.000	647.34	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	13,501	70,652	2,367,640.66	33.51	.772	175.37	
MEDICAL	5,949	9,458	585,308.95	61.89	.103	98.39	
SURGERY	1,180	1,517	89,389.71	58.93	.017	75.75	
PATHOLOGY	5,043	20,164	249,983.43	12.40	.220	49.57	
RADIOLOGY	4,498	6,421	457,425.55	71.24	.070	101.70	
ROOM USE	7,014	10,833	414,093.26	38.23	.118	59.04	
CROSSOVERS/ALL OTH OUTPTNT	7,081	22,259	571,439.76	25.67	.243	80.70	
@STATE HOSPITAL	12	365	\$ 256,167.95	\$ 701.83	.004	\$ 21347.33	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	256,167.95	701.83	.004	21347.33	
@NURSING FACILITY	770	17,931	\$ 2,233,860.23	\$ 124.58	.196	\$ 2901.12	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8	4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	769	17,923	2,229,219.67	124.38	.196	2898.86	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	45	253	\$ 36,309.28	\$ 143.51	.003	\$ 806.87	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	45	253	36,309.28	143.51	.003	806.87	
@REHABILITATION FACILITY	41	216	\$ 5,861.44	\$ 27.14	.002	\$ 142.96	\$
HOSPITAL BASED	40	213	5,797.87	27.22	.002	144.95	
INDEPENDENT FACILITY	1	3	63.57	21.19	.000	63.57	
@LABORATORY FACILITY	4,141	12,318	\$ 184,520.10	\$ 14.98	.135	\$ 44.56	\$
PATHOLOGY	4,135	12,299	184,437.43	15.00	.134	44.60	
XO AND OTHERS	6	19	82.67	4.35	.000	13.78	
@ORGANIZED OUTPATIENT CLINIC	22,477	33,152	\$ 3,358,140.70	\$ 101.30	.362	\$ 149.40	\$
CLINIC	110	406	16,604.07	40.90	.004	150.95	
SURGICENTER	4	22	1,170.53	53.21	.000	292.63	

HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	22,382	32,724	3,340,366.10	102.08	.358	149.24
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MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED					

	91,478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	6,156	214,398	\$ 1,056,307.12	\$ 4.93	2.344	\$ 171.59	\$	
DURABLE MED. EQUIP.	250	1,264	126,390.37	99.99	.014	505.56		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12		
MEDICAL TRANSPORTATION	969	114,500	491,384.62	4.29	1.252	507.10		
AMBULANCES/AIR TRANS	827	22,967	272,475.24	11.86	.251	329.47		
OTHER TRANS	131	90,789	134,615.22	1.48	.992	1027.60		
OTHER SERVICES	247	744	84,294.16	113.30	.008	341.27		
ACUPUNCTURE	9	22	386.21	17.56	.000	42.91		
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.003	1280.00		
GENETIC DISEASE TESTING	150	150	15,750.00	105.00	.002	105.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	35	140	17,562.83	125.45	.002	501.80		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	1,485	3,635	34,340.31	9.45	.040	23.12		
PHYSICAL THERAPIST	427	3,800	57,565.68	15.15	.042	134.81		
PORTABLE X-RAY	1	2	.16	.08	.000	.16		
PROSTHETIST/ORTHOTISTS	37	189	39,072.74	206.73	.002	1056.02		
PROSTHETICS	37	189	39,072.74	206.73	.002	1056.02		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97		
SPEECH AND AUDIOLOGY	120	413	17,368.15	42.05	.005	144.73		
HOSPICE SERVICES	2	9	1,291.63	143.51	.000	645.82		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	993	10,397	87,840.62	8.45	.114	88.46		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	1,884	79,624	149,770.66	1.88	.870	79.50		
@CALIF. CHILDREN SERVICES*	258	3,977	\$ 673,877.51	\$ 169.44	.043	\$ 2611.93	\$	
@XOVER EXCLUDING STATE HOSP**	5,639	75,118	\$ 733,681.24	\$ 9.77	.821	\$ 130.11	\$	

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 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.